The Roundtable of Population Health Improvement presents

SHIFTING THE NATION'S HEALTH INVESTMENT TO SUPPORT LONG, HEALTHY LIVES FOR ALL

NATIONAL ACADEMIES *Sciences Engineering Medicine*

ATTENDEE PACKET
MARCH 2023

BOARD ON POPULATION HEALTH AND PUBLIC HEALTH PRACTICE | ROUNDTABLE ON POPULATION HEALTH IMPROVEMENT

SHIFTING THE NATION'S HEALTH INVESTMENT TO SUPPORT LONG, HEALTHY LIVES FOR ALL

March 6, 2023 | 9:00 AM - 4:30 PM EST
March 7, 2023 | 8:30 AM - 12:00 PM EST

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ROUNDTABLE ON POPULATION HEALTH IMPROVEMENT

Shifting the nation's health investments to support long, healthy lives for all: A (participatory) symposium

March 6-7, 2023

National Academy of Sciences Building, Room 125 |2101 Constitution Avenue, NW, Washington DC

Live webcast

DRAFT AGENDA

Two milestone Institute of Medicine reports highlighted the nation's health disadvantage compared to peer nations, and the policies and investments that shape it. This event, marking a decade since the reports' release, will:

- Frame the conversation about our national predicament (shorter lives, poorer health, profound inequities) and its systemic causes (e.g., income inequality and poverty, inadequate social supports and social spending on the earlier part of the life course) and make the case for a different future being possible.
- Showcase glimpses of what is possible, the existing and emerging solutions
- Provide a forum for participants to share their ideas/strategies
- Equip all participants with at least one new strategy to support or implement in their specific practice/setting…

Monday, March 6

9:00 AM ET

Welcome and Introduction
Ray Baxter, *Roundtable Co-Chair,* Chair-elect, Blue Shield of California Foundation Board; secretary, CDC Foundation Board

Facilitated audience participation: James and Kristen Whitfield, Be Culture; Fisher Qua, Back Loop

9:25 AM

Keynote session: Anchoring in Curiosity
Tiffany Manuel, President and CEO, The Case Made
Dave Chokshi, Clinical Professor of Medicine and Public Health, NYU Langone Health
Anita Chandra, Vice President and Director, Social and Economic Well-Being, RAND
Facilitated audience participation

10:35 AM **A Bridge from Curiosity to Solutions**
Hilary Heishman, *Planning Committee Chair,* Senior Program Officer, Robert Wood Johnson Foundation

10:45 AM **BREAK**

11:00 AM **Showcasing what is possible (4 stations)**
(1) **Aparna Mathur,** Senior Fellow, Harvard Kennedy School
(2) **Lindsay Morgan Tracy,** Innovator-in-Chief for the Department of Social & Health Services, **Jennifer Bereskin,** Steering Committee for the Governor's Poverty Reduction Work Group, **Lori Pfingst,** Senior Director in the Washington State Department of Social and Health Services, Washington State
(3) **Sue Polis,** Director of Health and Well-Being, National League of Cities
(4) **Dorianne Mason,** Director of Health Equity, Reproductive Rights and Health, National Women's Law Center

12:30 PM **BREAK**

1:30 PM **Showcasing what is possible**
Anita Chandra, Vice President and Director, Social and Economic Well-Being, RAND
Robert Kaplan, Adjunct Professor, School of Medicine, Stanford University
Mac McCullough, Associate Professor of Public Health, Boise State University
Facilitated audience participation

2:15 PM **Revisiting two landmark NASEM reports**[1]
Atul Grover, Executive Director, Research and Action Institute, Association of American Medical Colleges
Marthe Gold, Professor Emeritus, Department of Community Health and Social Medicine, City University of New York
Steven Teutsch, Senior Fellow, Leonard D. Schaffer Center for Policy and Economics, UCLA
Steven Woolf, Director Emeritus and Senior Advisor, Center on Society and Health, Virginia Commonwealth University
Facilitated audience participation

3:00 PM **BREAK**

[1] *For the Public's Health: Investing in a Healthier Future* (2012) recommended that the Secretary of HHS set 2030 targets for life expectancy and health care spending that are more in line with peer nations. *US Health in International Perspective: Shorter Lives, Poorer Health* (2013) recommended (1) that the philanthropy and advocacy communities organize a comprehensive media and outreach campaign to inform the general public about the US health disadvantage and to stimulate a national discussion about its implications for the nation; and (2) that the NIH or other appropriate entity commission a review of the available evidence on the effects of policies on the areas of US health disadvantage and how policies have varied over time across high income countries, and extent to which policy differences may explain cross-national health differences.

3:15 PM **The Path Forward, or Amplifying Signs of a Movement**
Tiffany Manuel, President and CEO, The Case Made
Somava Saha, Executive Lead, WE (Well-Being and Equity) in the World
Tyler Norris, Visiting Scholar, Federal Reserve Bank of New York
Martha Sanchez, Director of Health Policy and Advocacy, Young Invincibles
Facilitated audience participation

4:30 PM **Adjourn First Day**

Tuesday, March 7

8:30 AM **The Path Forward, or Amplifying Signs of a Movement**
Tiffany Manuel, President and CEO, The Case Made
Somava Saha, Executive Lead, WE (Well-Being and Equity) in the World
Tyler Norris, Visiting Scholar, Federal Reserve Bank of New York
Martha Sanchez, Director of Health Policy and Advocacy, Young Invincibles
Audience participation

10:00 AM **BREAK**

10:15 AM **The Path Forward, Continued**

11:30 AM **Closing Remarks and Audience Reflections**
Ray Baxter, *Roundtable Co-Chair,* Secretary, CDC Foundation Board, Trustee, Blue Shield of California Foundation

12:00 PM **Adjourn**

This event was planned by the following experts: Hilary Heishman (Chair), Robert Wood Johnson Foundation, Marcella Alsan, Harvard University; Anita Chandra, RAND; Atul Grover, AAMC; Dora Hughes, CMS; Tiffany Manuel, The Case Made; Mac McCullough, Boise State University; Bobby Milstein, ReThink Health; Kara Odom Walker, Nemours; Tyler Norris, Federal Reserve Bank of New York.

Note: The planning committee's role is limited to planning the event. A proceedings based on the event will be prepared by an independent rapporteur.

Follow the conversation #pophealthrt @NASEM_Health
Roundtable web page: https://nas.edu/pophealthrt

NATIONAL ACADEMIES Sciences Engineering Medicine

HEALTH AND MEDICINE DIVISION | Board on Population Health and Public Health Practice

Roundtable on Population Health Improvement

Vision, Mission, and Roster

Vision | A thriving, healthful, and equitable society

Mission | In recognition that health and quality of life for all are shaped by interdependent historical and contemporary social, political, economic, environmental, genetic, behavioral, and health care factors, the Roundtable on Population Health Improvement exists to provoke and catalyze urgently needed multi-sector community engaged collaborative action.

Members

Raymond Baxter, Ph.D. (co-chair)
Chair-Elect, Blue Shield of California Foundation Board
Secretary, CDC Foundation Board
San Francisco, CA

Ana V. Diez Roux, MD, PhD, MPH (co-chair)
Dana and David Dornsife Dean and Distinguished University Professor of Epidemiology
Dornsife School of Public Health
Drexel University
Philadelphia, PA

Philip M. Alberti, Ph.D.
Senior Director, Health Equity Research and Policy
Association of American Medical Colleges
Washington, DC

Debbie I. Chang, M.P.H.
President and CEO
Blue Shield of California Foundation
San Francisco, CA

Marc N. Gourevitch, M.D., M.P.H.
Professor and Chair
Department of Population Health
NYU Langone Health
New York, NY

Meg Guerin-Calvert, M.P.A.
Senior Managing Director and President, Center for Healthcare Economics and Policy
FTI Consulting
Washington, DC

Hilary Heishman, M.P.H.
Senior Program Officer
Robert Wood Johnson Foundation
Princeton, NJ

Dora Hughes, M.D., M.P.H.
Senior Advisor, Center for Medicare and Medicaid Innovation
Centers for Medicare and Medicaid Services
U. S. Department of Health and Human Services
Washington, DC

Sheri Johnson, Ph.D.
Director, Population Health Institute
Professor (CHS), Department of Population Health Sciences
School of Medicine and Public Health
University of Wisconsin-Madison
Madison, WI

Robert M. Kaplan, Ph.D.
Professor
Center for Advanced Study in the Behavioral Sciences
Stanford University
Stanford, CA

Milton Little, M.A.
President
United Way of Greater Atlanta
Atlanta, GA

Monica Valdes Lupi, J.D., M.P.J.
Managing Director
Health Program
Kresge Foundation
Troy, MI

Bobby Milstein, Ph.D., M.P.H.
Director
ReThink Health
Morristown, NJ

José T. Montero, M.D., MHCDS
Director, Office of Recipients Support and Coordination
National Center for STLT Public Health Infrastructure and Workforce
Centers for Disease Control and Prevention
Atlanta, GA

Willie (Billy) Oglesby, Ph.D.
Dean
College of Population Health
Jefferson University
Philadelphia, PA

Jason Purnell, Ph.D.
President
James S. McDonnell Foundation
Associate Professor
Brown School
Washington University in Saint Louis
Saint Louis, MO

Kosali Simon, Ph.D.
Herman B. Wells Endowed Professor
Associate Vice Provost for Health Sciences
Paul H. O'Neill School of Public and Environmental Affairs
Indiana University
Bloomington, IN

Kara Odom Walker, M.D., M.P.H, M.S.H.S.
Senior Vice President and
Chief Population Health Officer
Nemours
Washington, DC

Terry Williams, M.B.A., Dip. Econ.
Executive Vice President & Chief, Population, Corporate, & Government Affairs Officer
Atrium Health
Winston-Salem, NC

Hanh Cao Yu, Ph.D.
Chief Learning Officer
The California Endowment
Oakland, CA

Shifting The Nation's Health Investments To Support Long, Healthy Lives For All

A Symposium

Biosketches of Speakers, Moderators, and Planning Committee Members

*denotes planning committee member, †denotes roundtable member

Marcella Alsan*

Marcella Alsan, M.P.H., M.D., Ph.D. is a Professor of Public Policy at Harvard Kennedy School. Prior to returning to Harvard, she was on faculty at Stanford. She is an applied microeconomist studying health inequality. Some of her recent papers include "Does Diversity Matter for Health: Experimental Evidence from Oakland" and "Tuskegee and the Health of Black Men" – published in the American Economic Review and The Quarterly Journal of Economics, respectively. These papers have been cited in the New York Times and other major media outlets and findings have been presented to the Association of American Medical Colleges and the Centers for Disease Control and Prevention. She is currently on the Board of Editors for Science Magazine, Co-Editor of the Journal of Health Economics and Co-Chair of the Health Care Delivery Initiative of Poverty Action Lab based out of MIT. She is the co-recipient of the 2019 Arrow Award for Best Paper in Health Economics.

Dr. Alsan received a B.A. from Harvard University, a Master's in public health from Harvard School of Public Health, a M.D. from Loyola University, and a Ph.D. in Economics from Harvard University. Dr. Alsan trained at Brigham and Women's Hospital Hiatt Global Health Equity Residency Fellowship – then combined the Ph.D. with an Infectious Disease Fellowship at Massachusetts General Hospital.

Ray Baxter†

Raymond Baxter, Ph.D., currently serves as the co-chair of the Population Health Roundtable of the National Academies of Science, Engineering and Medicine; a Trustee of the Blue Shield of California Foundation; and a member of the Board of Directors of the CDC Foundation. Dr. Baxter most recently was CEO of the Blue Shield of California Foundation. He currently serves on the advisory boards to the Deans of the UC Berkeley School of Public Health and the UCSF School of Nursing.

For 15 years, Dr. Baxter was Kaiser Permanente's national senior vice president for community benefit, research and health policy. There he built the largest community benefit program in the US, investing over $2 billion annually in community health. He led Kaiser Permanente's signature national health improvement partnerships, including the Weight of the Nation, the Convergence Partnership and the Partnership for a Healthier America. Dr. Baxter also established Kaiser Permanente's Center for Effectiveness and Safety Research and built out its national genomics research bank, served as President of KP International, and chaired Kaiser Permanente's field-leading environmental stewardship work. He was a founding sponsor of the KP School of Medicine.

Previously he headed the San Francisco Department of Public Health, the New York City Health and Hospitals Corporation, and The Lewin Group. Dr. Baxter holds a doctorate from Princeton University. In 2001 the University of California, Berkeley, School of Public Health honored him as a Public Health Hero for his service in the AIDS epidemic in San Francisco. In 2006 he received the CDC Foundation Hero Award for addressing the health consequences of Hurricane Katrina in the Gulf Coast. In 2016, the San Francisco Business Times recognized his philanthropic contributions with its first Legacy Award.

Jennifer Bereskin

Snohomish Tribe of Indians | Youngest Daughter of The SeaMonster Man | Qawalangin Tribe of Unalaska - Unangan

Jennifer Bereskin has lived experiences with childhood poverty, domestic violence, systemic racism, and chronic homelessness. She is the mother to a special needs child who gives her strength. Jennifer's advocacy journey includes Indigenous and sovereign inherent rights, environmental protections, eliminating multi-generational poverty, housing justice, and dismantling domestic violent extremism through anti-racial and anti-discriminatory policy reform in Washington state. She has served on the Steering Committee for Governor Jay Inslee's Poverty Reduction Work Group for 5 years and is a staunch advocate for systems change that result in economic, racial, environmental and social justice.

Jennifer is graduating winter 2023 from Northwest Indian College with a Bachelor of Arts degree in Native Studies Leadership. The next step in her educational career will be attending law school to obtain a Juris Doctorate in Tribal Law and Indian Policy. "It's essential that I lead with traditional and cultural values of my ancestors. I am taught to walk softly on Mother Earth and reminded that my actions in this lifetime will impact the seven generations forward and I am grateful for all my relations."

Anita Chandra*

Anita Chandra, Dr.P.H., is the vice president and director of RAND Social and Economic Well-Being and a senior policy researcher at the RAND Corporation. The division manages RAND's Center to Advance Racial Equity Policy as well as other Centers on climate, housing, drug policy, policing, and civil justice. She leads studies on civic well-being and community planning; disaster response and resilience; public health emergency preparedness; health and health equity; child health and development, and effects of military deployment on families.

Throughout her career, Dr. Chandra has engaged government and nongovernmental partners to consider cross-sector solutions for improving community well-being and to build more robust systems, implementation, and evaluation capacity. This work has taken many forms, including engaging with federal and local government agencies on building systems for emergency preparedness and resilience both in the United States and globally; partnering with private sector organizations to develop the science base around child systems; and collaborating with city governments and foundations to modernize data systems and measure environmental sustainability, well-being, and civic transformation. Chandra has also partnered with community organizations to conduct broad-scale health and environmental needs assessments, to examine the integration of health and human service systems, and to determine how to integrate equity and address the needs of historically marginalized populations in human service systems. These projects have occurred in partnership with businesses, foundations, and other community organizations.

Chandra earned a Dr.P.H. in population and family health sciences from the Johns Hopkins Bloomberg School of Public Health.

Dave Chokshi

Dave A. Chokshi, M.D., M.Sc., FACP was the 43rd Commissioner at the New York City Department of Health and Mental Hygiene, one of the leading health agencies in the world. He led the City's response to the COVID-19 pandemic, including its historic campaign to vaccinate over 6 million New Yorkers, saving tens of thousands of lives. Dr. Chokshi architected treatment strategies, navigated school and economic reopenings, and served as principal public spokesperson. Under his tenure, the Health Department's budget grew to its highest-ever level, reflecting investment in signature initiatives such as the Public Health Corps, Pandemic Response Institute, and New Family Home Visiting program. In 2021, the Department also stewarded the launch of the nation's first publicly-authorized overdose prevention centers—as well as a landmark Board of Health resolution on racism as a public health crisis.

From 2014-2020, Dr. Chokshi served in leadership roles at NYC Health + Hospitals (H+H), including as its inaugural Chief Population Health Officer, where he built an award-winning team dedicated to transforming the largest public health care system in the country. He was also Chief Executive Officer of the H+H Accountable Care Organization (ACO), one of the few ACOs in the nation to achieve high quality and cost performance for nine consecutive years. He has been a practicing primary care internist at Bellevue Hospital since 2014. He is also Clinical Professor of Population Health at NYU and a Senior Scholar at the CUNY School of Public Health and Health Policy.

Marthe Gold

Marthe R. Gold, M.D., M.P.H., is the Logan Professor Emerita in the Department of Community Health and Social Medicine at the City University of New York School of Medicine (CUNYSOM). A graduate of the Tufts University School of Medicine and the Columbia School of Public Health, Dr. Gold has been a primary care provider in urban and rural underserved settings. She served as Senior Policy Adviser in the Office of the Assistant Secretary for Health in the U.S. Department of Health and Human Services from 1990–1996 where her focus was on the economics and outcomes of clinical prevention and public health programs. She directed the work of the Panel on Cost-Effectiveness in Health and Medicine, an expert panel whose 1996 report remains an influential guide to cost-effectiveness methodology for academic and policy uses. As Department Chair at the CUNYSOM she oversaw initiatives to advance population health training for students who are underrepresented in medical careers. An ongoing focus of her work is the use of democratic deliberation for gaining public input in service to guiding challenging policy decisions at micro and macro policy levels.

She currently serves as an advisor to the Institute for Clinical and Economic Review, America's Health Rankings, and NIH's Fairness Dialogues Advisory Group. A member of the National Academy of Medicine, Dr. Gold served as chair of its Committee on Public Health Strategies to Improve Health (reports published 2010–2012). She was a founding member of the Roundtable on Population Health Improvement and is a member of its Health Expenditure Collaborative.

Atul Grover*

Atul Grover, M.D., Ph.D., FACP, FCCP is the inaugural Executive Director of the AAMC Research and Action Institute. The Institute brings together experts from the nation's academic medical centers and other leaders in policy to tackle complex health policy issues, bring nonpartisan analysis to policy, and develop straightforward solutions to improve health.

Dr. Grover is an internal medicine physician, health services researcher, and nationally recognized expert in health policy. Dr. Grover joined the AAMC as associate director for the Center for Workforce Studies in 2005, where he managed research activity and directed externally funded workforce studies. He became a director of government relations and health care affairs in 2007, and served as the association's chief public policy officer from 2011-2016. From 2016-2020 he served as executive vice president, providing strategic leadership in the areas of medical education, academic affairs, health care affairs, scientific affairs, learning and leadership programming, diversity and inclusion, public policy, and communications. Previously, Dr. Grover held positions in health care finance and applied economics consulting as well as in the U.S. Public Health Service, Health Resources and Service Administration National Center for Health Workforce Analysis.

Dr. Grover earned his Doctor of Medicine degree from George Washington University (GWU) School of Medicine and his Ph.D. in health and public policy from Johns Hopkins University Bloomberg School of Public Health. Dr. Grover holds faculty appointments at GWU School of Medicine, and JHU Bloomberg School of Public Health.

Hilary Heishman†*

Hilary Heishman, M.P.H., joined the Robert Wood Johnson Foundation (RWJF) in 2011 and spent her first two years supporting regional health care system transformation through initiatives like Aligning Forces for Quality. As a senior program officer, she has expertise in a variety of topics, with special attention to improving and connecting systems that enable people to be healthy. She embraces the aspect of her role that she describes as "finding connections among projects that RWJF supports."

Heishman's background in local public health, community health planning, and health care system improvement enable her to take a broad, multifaceted approach to program development. She has developed programs related to building communities' capacities to improve health, helping health care organizations address patients' social circumstances and play a strong role in improving community health, improving the use of health data and information systems, identifying health care payment methods that support community health, and helping people learning from one another in networks. For example, she is a senior program officer for grants that support Health Leads, Data Across Sectors for Health, Payment Reform for Population Health, and 100 Million Healthier Lives.

Previously, Heishman was a prevention specialist with the Centers for Disease Control and Prevention (CDC). While on

field assignment, she coordinated the development of a Community Health Improvement Plan in Manchester, N.H. At CDC headquarters in Atlanta, Ga., she supported the Influenza Epidemiology and Prevention Branch during the spread of the 2009 H1N1 influenza. She also worked with CDC's Healthy Community Design Program to promote and evaluate Health Impact Assessments (HIA) and with CDC's WHO Collaborating Center for Reproductive Health to improve birth outcomes in hospitals in Kabul, Afghanistan.

Heishman received a bachelor's degree in Biology from the University of Virginia and a Master of Public Health in Community Oriented Public Health Practice from the University of Washington, Seattle.

Dora Hughes†*

Dora Hughes, M.D., M.P.H., is Associate Research Professor of Health Policy & Management at the Milken Institute School of Public Health at The George Washington University, where her work focuses on the intersection of clinical and community health, social determinants of health, health equity, healthcare quality and workforce. Previously, Dr. Hughes was a Senior Policy Advisor at Sidley Austin, where she advised on regulatory and legislative matters in the life science industry. Prior to that, she served for nearly four years in the Obama Administration as Counselor for Science & Public Health to Secretary Kathleen Sebelius at HHS. Her areas of responsibility included implementation of public health and FDA-related provisions of the ACA, as well as signature legislation for tobacco, Alzheimer's and FDA reform. She served in leadership roles for several White House initiatives, including the Childhood Obesity Task Force, President's Food Safety Working Group, Committee on STEM Education and Let's Move. Dr. Hughes began her career in health policy as Senior Program Officer at the Commonwealth Fund, and subsequently as Deputy Director for the HELP Committee under Senator Edward M. Kennedy. She then served as the Health Policy Advisor to former Senator Barack Obama.

Dr. Hughes received a B.S. from Washington University, M.D. from Vanderbilt and M.P.H. from Harvard. She completed internal medicine residency at Brigham & Women's Hospital.

Robert (Bob) Kaplan†

Robert M. Kaplan, Ph.D., is currently a faculty member at the Stanford School of Medicine Clinical Excellence Research Center (CERC). He previously served as Chief Science Officer at the US Agency for Health Care Research and Quality (AHRQ) and as Associate Director of the National Institutes of Health, where he led the behavioral and social sciences programs. He is also a Distinguished Research Professor of Health Policy and Management at UCLA, where he previously led the UCLA/RAND AHRQ health services training program and the UCLA/RAND CDC Prevention Research Center.

He was Chair of the Department of Health Services from 2004 to 2009. From 1997 to 2004 he was Professor and Chair of the Department of Family and Preventive Medicine, at the University of California, San Diego. He is a past President of five different national or international professional organizations and has served as Editor-In-Chief for Health Psychology and for the Annals of Behavioral Medicine. His 20 books and over 580 articles or chapters have been cited more than 70,000 times (H-index>116) and Google scholar includes him in the list of the most cited authors in science. In 2019 Kaplan took on a new role as an opinion editorialist, contributing op ed pieces on about a monthly basis. His work has appeared in The Wall Street Journal, USA Today, the Los Angeles Times, the Boston Globe, The San Jose Mercury News, The San Francisco Chronicle, STAT News (Boston Globe Media), RealClear Politics, MedPage, Health Affairs, The Hill, and a variety of other newspapers. Dr. Kaplan was elected to the National Academy of Medicine in 2005.

Tiffany Manuel*

Tiffany Manuel, Ph.D. is President and CEO of TheCaseMade, an organization dedicated to helping leaders powerfully and intentionally make the case for systems change. She also serves as the Executive Director of the Redress Movement – a movement to build public will around redressing the effects of racial segregation in our nation today. In these capacities, Dr. Manuel works with hundreds of passionate social changemakers, innovators and adaptive leaders around the United States who are building better, stronger communities that are diverse, equitable and inclusive. By aligning their community stakeholders around the kind of deep systems changes that can improve population outcomes, these leaders are able to grow their impact, scale their programs, and harness the investments they need to improve their communities.

Dr. Manuel has degrees from University of Chicago, Purdue University, and the University of Massachusetts Boston.

She's written extensively on public will building on equity issues. She sits on the board of several national organizations (KaBoom!, Rebuilding Together and Shelterforce) and has served on the External Advisory Committee for the Culture of Health Evaluation with the Robert Wood Johnson Foundation and on the Advisory Committee for the City Health Dashboard.

Dorianne Mason

Ms. Mason has worked for over a decade on issues related to women's health across the lifespan, and currently leads the National Women's Law Center legal, research, policy, and public education efforts on health equity. Throughout her career, she's partnered with state and federal lawmakers, regulators, and officials; community members; health care providers; consumer advocates; researchers; and other health experts to effect change.

Ms. Mason is an expert in coverage and access to health care, having worked in depth on implementation of the Affordable Care Act (ACA) in New Mexico, and issues related to culturally responsive outreach and care for Black, Latinx, Native and Asian-American communities across the country. Ms. Mason has experience examining and evaluating services important to women with multiple marginalized identities and identifying violations and other barriers to coverage. She has worked with state and federal advocates and regulators and also provided direct representation to address problems and ensure equitable access to care. Ms. Mason has spoken to thousands of people at conferences and meetings about the intersection of equity, health and justice.

As part of her work at the National Women's Law Center, Ms. Mason identifies and prioritizes the needs and voices of underserved populations, in particular women who are low-income, women of color, and those facing multiple, intersecting forms of discrimination.

Ms. Mason currently serves on the Women's Committee for the Institute for Medicaid Innovation and is a Sargent Shriver National Center of Poverty Law Racial Justice Fellow.

Aparna Mathur

Aparna Mathur is a Senior Research Manager in Economics at Amazon. In this role, she tracks and conducts research to help identify labor and employment related challenges faced by Amazon's domestic and global workforce, with a view to informing best policy. She is also a Senior Fellow at Harvard Kennedy School's Mossavar-Rahmani Center where she is researching safety net issues, and a Visiting Fellow at FREOPP.

Prior to Amazon, she spent a year as a Senior Economist at the Council of Economic Advisers. She joined the Council as part of the COVID-19 response task force at the peak of the crisis in April 2020 and worked with epidemiologists on the health aspects of the crisis, while also tracking the economic downturn that came with the lockdowns. Prior to joining CEA, she was a resident scholar in economic policy studies at the American Enterprise Institute. At AEI, she directed the AEI-Brookings Project on Paid Family and Medical Leave, building bipartisan momentum on paid leave, for which she was recognized in the Politico 50 list for 2017. Her academic research has focused on income inequality and mobility, tax policy, labor markets and small businesses. She has published in several top scholarly journals including the Journal of Public Economics, the National Tax Journal and the Journal of Health Economics, testified several times before Congress and published numerous articles in the popular press on issues of policy relevance, including on her own blog at Forbes. Her work has been cited in leading news magazines such as the Economist, the New York Times, the Wall Street Journal and the Washington Post. She has regularly provided commentary on prominent radio and television shows such as NPR's Marketplace and the Diane Rehm Show, as well as CNBC and C-SPAN.

She has been an adjunct professor at Georgetown University's McCourt School of Public Policy. She received her Ph.D. in economics from the University of Maryland, College Park in 2005, and is currently serving on the University of Maryland Economics Leadership Council. She is also on the Board of the National Academy of Social Insurance, Simply Green and the National Economists Club.

Mac McCullough*

Mac McCullough, Ph.D., M.P.H., is associate professor and director of public health agency partnerships at Boise State University School of Public and Population Health. McCullough came to Boise State in 2022 from Arizona, where he served in a dual role as associate professor at Arizona State University (ASU) and health economist at the Maricopa County Department of Public Health. Dr. McCullough's research centers on public health practice and finance. He

created a national data source to measure public health and social service spending and uses these data to explore how spending can influence health factors and outcomes.

Dr. McCullough was a '40 Under 40 in Public Health' honoree by the deBeaumont Foundation and an elected member of the Arizona Public Health Association Board of Directors. At ASU he won educator of the year (2019, 2022) and translational science (2021) awards. He was deputy director of the RWJF-funded National Safety Net Advancement Center (2015-20) and chair of AcademyHealth Public Health Systems Research group (2017-19).

McCullough received his Ph.D. in health policy and management from UCLA, M.P.H. from the University of Minnesota, and B.S. from Georgetown University. Prior to academia he worked at the National Academy of Sciences and the U.S. Department of State.

Bobby Milstein†*

Bobby Milstein, Ph.D., M.P.H., is a director of ReThink Health for the Fannie E. Rippel Foundation and a visiting scientist at the MIT Sloan School of Management. With an educational background that combines cultural anthropology, behavioral science, and systems science, Dr. Milstein concentrates on challenges that involve large-scale institutional change and the need to align multiple lines of action. He led the development of the ReThink Health Dynamics model and a suite of regionally-configured simulations that are used by leaders across the country to explore the likely health and economic consequences of policy scenarios.

From 1991 to 2011, Dr. Milstein worked at the Centers for Disease Control and Prevention, where he founded the Syndemics Prevention Network, chaired the agency's Behavioral and Social Science Working Group, and was coordinator for a wide range of new initiatives. He was the principal architect of the CDC's framework for program evaluation and published a monograph entitled Hygeia's Constellation: Navigating Health Futures in a Dynamic and Democratic World, recommended as "required reading for all health professionals."

Dr. Milstein has led several award-winning teams that bring greater structure, evidence, and creativity to the challenge of health system change. He is a cofounder (with Patty Mabry) of the NIH Institute on Systems Science and Health, and a codeveloper of several other widely used health policy simulation models including HealthBound and the Prevention Impacts Simulation Model. He has received CDC's Honor Award for Excellence in Innovation, the Applied Systems Thinking Prize from ASysT Institute, as well as Article of the Year awards from AcademyHealth and the Society for Public Health Education.

Dr. Milstein holds a B.A. in cultural anthropology from the University of Michigan, an M.P.H. from Emory University, and a Ph.D. in interdisciplinary arts and sciences with a specialization in public health science from Union Institutes and University.

Tyler Norris*

Tyler Norris, MDiv., is a social entrepreneur and trusted advisor to philanthropies and partnerships working to improve the well-being of people and place. For over four decades, he has shaped health and development initiatives in hundreds of communities in the U.S. and around the world and built over a dozen business and social ventures.

Tyler serves as Board Chair of Naropa University; co-Chair of the CEO Alliance for Mental Health; and as a board member for Mindful Philanthropy, the National Academies of Sciences' Child Well Being Forum, Build Healthy Places Network, and the Global Flourishing Study. He was recently named as Visiting Fellow of the Federal Reserve Bank of New York. Until recently, Tyler served as founding CEO of Well Being Trust for its first 5½ years was an impact philanthropy with a mission to advance mental, social and spiritual health of the United States. Previously, Tyler led Total Health at Kaiser Permanente.

Tyler is a graduate of Harvard Business School's Executive Leadership Program, earned a Master of Divinity (MDiv.) from Naropa University, and has a bachelor's degree in World Political Economy from Colorado College. He lives and serves in the communities of the Wood River Valley of Idaho and Oakland, California.

Kara Odom Walker†*

Kara Odom Walker, M.D., M.P.H., M.S.H.S., is Senior Vice President and Chief Population Health Officer (CPHO) for Nemours Children's Health System. She leads Nemours National Office of Policy and Prevention, as well as all aspects of Population Health Strategy, Research, Innovation and Implementation. Dr. Walker and her team are responsible for the

development and implementation of national and state-specific advocacy strategies to help achieve outcomes tied to health and value while also leading Nemours's policy agenda. She is based in Washington, D.C., and reports to Nemours President and Chief Executive Officer, R. Lawrence Moss, MD.

A highly accomplished executive, physician and scientist, Dr. Walker is a visionary leader who has focused her career on transforming health care delivery to ensure that the system is designed to create a healthier population. She has led efforts to focus on addressing critical social determinants that impact health while eliminating unnecessary medical tests and procedures. Her philosophy and vast experience are a tremendous asset to Nemours' goal of redefining health in children and transforming payment for medical care to ensure the healthiest generation of children.

Dr. Walker has been recognized for her leadership by Harvard Business School's Program for Leadership Development, the American Medical Association and the National Medical Association. A respected leader, innovator and clinician, she was elected to the National Academy of Medicine (NAM) in 2018. Election to the NAM is considered one of the highest honors in the fields of health and medicine, recognizing individuals who have demonstrated outstanding professional achievement.

Dr. Walker completed her family and community medicine residency at the University of California San Francisco, graduated with a Master's of Public Health from Johns Hopkins School of Public Health and Master's of Health Services Research from the University of California, Los Angeles, School of Public Health, where she also completed her fellowship in the Robert Wood Johnson Clinical Scholars program.

Lori Pfingst

Lori Pfingst, Ph.D., is a national expert on child and family well-being, currently leading Washington state's nationally recognized economic justice and inclusion efforts as a Senior Director in the Washington State Department of Social and Health Services (DSHS).

A research scientist and lifelong advocate for social and economic justice, Dr. Pfingst's body of work has spanned a broad range of issues, including poverty, income inequality, labor markets, early learning, human services, criminology, and epidemiology. She is a published author and storyteller, using the power of data paired with community voice to foster long-term, systems-level change for children, families, and communities.

Dr. Pfingst is a recipient of the Aspen Institute's prestigious Ascend Fellowship, an American Public Human Services Association Racial Equity Champion, and a recent nominee for the Governor's Distinguished Manager Award. Prior to joining DSHS, Dr. Pfingst served in leadership roles at the Washington State Budget & Policy Center, Public Health-Seattle & King County, and the Evans School of Public Affairs at the University of Washington.

Sue Pechilio Polis

Sue Pechilio Polis directs the health and well-being portfolio for National League of Cities as part of the Institute for Youth, Education and Families. The portfolio includes the conceptualization, development and implementation of Cities of Opportunity, a multi-year effort to engage mayors and city leaders in comprehensively addressing social determinants of health (SDOH) through policy and systems change. With expertise in health policy, Sue's work spans the connection to housing, economic opportunity, mental health and substance use disorders, obesity, trauma, and local systems alignment, and data for well-being. Prior to the National League of Cities, Mrs. Polis led the development and management of the Trust for America's Health (TFAH) external relations and strategic partnership efforts in support of the organization's public policy goals. Her focus included multi-sector alignment in community health improvement, as well as workplace wellness and substance use disorders.

Prior to joining TFAH, Mrs. Polis worked at AARP on health and financial security-related issues with an emphasis on advancing policy to address the needs of vulnerable 50+ populations. Her focus areas included health care workforce, retirement savings, consumer protection, and low-income programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Low-Income Heating and Energy Assistance Program (LIHEAP). Mrs. Polis was the first National Director of Advocacy for the American Heart Association. Mrs. Polis background also includes consulting on health, environmental and tobacco-related issues campaigns.

S. Fisher Qua

S. Fisher Qua is a practitioner at Back Loop Consulting. He is based in northern New Mexico. His primary areas of focus

and involvement professionally have been in education (postsecondary, though with an increasing familiarity in K-12), community health & vitality, and supporting scientific research organizations. He is very committed to developing participatory approaches to working with complex problems that tap into more of each person's intelligence, imagination, and creativity.

Somava Saha

Somava Saha, M.D., M.S., currently serves as Founder and Executive Lead of Well-being and Equity in the World (WE in the World), as well as Executive Lead of the Well Being In the Nation (WIN) Network, which work together to advance inter-generational well-being and equity. Over the last five years, as Vice President at the Institute for Healthcare Improvement, Dr. Saha founded and led the 100 Million Healthier Lives (100MLives) initiative, which brought together 1850+ partners in 30+ countries reaching more than 500 million people to improve health, wellbeing and equity. She and her team at WE in the World continue to advance and scale the frameworks, tools, and outcomes from this initiative as a core implementation partner in 100MLives.

Previously, Dr. Saha served as Vice President of Patient Centered Medical Home Development at Cambridge Health Alliance, where she co-led a transformation that improved health outcomes for a safety net population above the national 90th percentile, improved joy and meaning of work for the workforce, and reduced medical expense by 10%. She served as the founding Medical Director of the CHA Revere Family Health Center and the Whidden Hospitalist Service, leading to substantial improvements in access, experience, quality and cost for safety net patients.

In 2012, Dr. Saha was recognized as one of ten inaugural Robert Wood Johnson Foundation Young Leaders for her contributions to improving the health of the nation. She has consulted with leaders from across the world, including Guyana, Sweden, the United Kingdom, Singapore, Australia, Tunisia, Denmark and Brazil. She has appeared on a panel with the Dalai Lama, keynoted conferences around the world, and had her work featured on Sanjay Gupta, the Katie Couric Show, PBS and CNN. In 2016 she was elected as a Leading Causes of Life Global Fellow.

Martha Sanchez

Martha Sanchez serves as the Health Policy and Advocacy Director at Young Invincibles. Martha is a proud first generation immigrant from El Salvador, raised in Washington D.C. and Maryland. Prior to joining YI, she served as a health legislative assistant for U.S. Senator Chris Van Hollen (D-MD) where she helped introduce federal legislation to streamline the health care enrollment process, and focused on legislation to support youth with chronic conditions such as Sickle Cell Disease. Previously, Martha worked for five years in the U.S. House of Representatives, first serving as a caseworker in the district office of Congressman Jamie Raskin (D-MD), and then as a legislative assistant handling his Rules Committee, health, education, labor, and transportation portfolios.

Martha's early advocacy career started in the immigrant rights space, where she advocated in support of higher education and economic opportunities, as well as a pathway to citizenship, for undocumented immigrants. In her junior year of college, Martha was fortunate to participate in YI's first class of YI Scholars. It was through this fellowship that she focused on the intersection of immigration and health care access, and delved into the disparities and inequities present in the U.S. health care system.

Martha is a graduate of American University, where she majored in Interdisciplinary Studies: Communications, Legal Institutions, Economics, and Government. She enjoys Latin dancing, art, and exploring new restaurants.

Steven Teutsch

Steven Teutsch, M.D., M.P.H., is an adjunct professor at the UCLA Fielding School of Public Health; Senior Fellow at the Public Health Institute; and Senior Fellow at the Leonard D. Schaeffer Center for Health Policy and Economics at the University of Southern California.

Until 2014 he was the Chief Science Officer, Los Angeles County Public Health where he continued his work on evidence-based public health and policy. Dr. Teutsch had been in Outcomes Research and Management program at Merck since October 1997 where he was responsible for scientific leadership in developing evidence-based clinical management programs, conducting outcomes research studies, and improving outcomes measurement to enhance quality of care. Prior to joining Merck Teutsch was Director of the Division of Prevention Research and Analytic Methods (DPRAM) at CDC where he was responsible for assessing the effectiveness, safety, and the cost-effectiveness of disease and injury

prevention strategies. DPRAM developed comparable methodology for studies of the effectiveness and economic impact of prevention programs, provided training in these methods, developed CDC's capacity for conducting necessary studies, and provided technical assistance for conducting economic and decision analysis. The Division also evaluated the impact of interventions in urban areas, developed the Guide to Community Preventive Services, and provided support for CDC's analytic methods.

Dr. Teutsch received his undergraduate degree in biochemical sciences at Harvard University, an M.P.H. in epidemiology from the University of North Carolina School of Public Health, and his M.D. from Duke University School of Medicine. He completed his residency training in internal medicine at Pennsylvania State University, Hershey. He was certified by the American Board of Internal Medicine in 1977, the American Board of Preventive Medicine in 1995, and is a Fellow of the American College of Physicians and American College of Preventive Medicine.

Lindsay Morgan Tracy

Lindsay Morgan Tracy is the Innovator-in-Chief for the Department of Social & Health Services in Washington State working on the Blueprint for an Equitable Future: The 10-Year Plan to Dismantle Poverty in Washington State (www.dismantlepovertyinwa.com).

She is a staunch advocate of shifting organizational structures from transactional to transformational with an emphasis on continuous learning and stories. Tracy has expertise in systemic tracking, building capacity and building a culture of program improvement for better qualitative and quantitative outcome measures.

Tracy entered the workforce as a civics high school teacher. Following her teaching career, she moved into collegiate administration. During her tenure at the university, she became a commissioner within the Colorado Governor's Commission on Community Service (now Serve Colorado), a commissioner on the Denver Mayor's Office of Strategic Partnerships and became a founding board member for the Foundation for the Prevention of School Violence.

James Whitfield, Kristen Whitfield

James Whitfield and Kristen Whitfield are Co-Founders of Be Culture. The two work collaboratively on planning and design of workshops, trainings, and keynotes. They co-facilitate round-table discussions, executive coaching, and strategy sessions.

James employs a decidedly multi-disciplinary approach resulting from broad-based experience as an executive in business, non-profit, and government, including having been appointed by the White House to oversee the U.S. Department of Health and Human Services. In his dual role as the Regional Director for the Pacific Northwest and a Deputy in the Office of the Secretary, he split his time between Seattle and D.C and managing staff across the nation. As the lead for community engagement for the Washington Health Foundation, James conducted community town hall meetings in each of the state's 39 counties to develop a Values Map of the state in preparation for developing a roadmap to health that provided coordination for businesses, non-profits, the health care sector, and community leaders to improve the health of the people of the state of Washington.

James has also held positions on numerous local, statewide, and national boards of directors – including the founding board for Leadership Eastside where he subsequently served as CEO for approximately ten years and helped develop a Master's Degree in Executive and Civic Leadership. He has received numerous accolades for his public speaking, training, and civic engagement work.

Kristen is a former small business owner and sales lead. She has experience in business development and customer service in both wholesale and retail environments. In addition to providing project oversight, logistics, and operations management for Be Culture, Kristen specializes in designing retreats and interactive participant experiences.

Kristen and James met as students at the University of Iowa. Since then, James has studied health care policy at Harvard; has delivered a TEDx talk called, "Defining Equity. Pursuing Unity." and is co-founder of Nourishing Networks, a local all-volunteer anti-hunger movement. Together, Kristen and James have served as marriage counselors and are the proud parents of two adult children who are making their own amazing impacts in the world.

They are currently co-authoring a book about the Be Culture framework and process.

Steven Woolf

Steven Woolf, M.D., M.P.H., is a senior fellow at American Progress and professor of family medicine and population

health at Virginia Commonwealth University School of Medicine, where he was the founding director of the Center on Society and Health and now holds the C. Kenneth and Dianne Wright Distinguished Chair in Population Health and Health Equity. Dr. Woolf has edited three books and published more than 200 articles in a career that has focused on raising public awareness about the social, economic, and environmental conditions that shape health and produce inequities. He works to address these issues through outreach to policymakers and the public, including testimony before Congress, consulting, media outreach, and speaking engagements.

Dr. Woolf received his M.D. from Emory University and underwent residency training in family medicine at Virginia Commonwealth University. He is also a clinical epidemiologist and underwent training in preventive medicine and public health at Johns Hopkins University, where he received his M.P.H. He is board certified in family medicine and in preventive medicine and public health. Dr. Woolf began his career as a health services researcher, with a focus on evidence-based guidelines. He served on the U.S. Preventive Services Task Force and was elected to the Institute of Medicine in 2001.

The Paradox of U.S. Health Care and the Price We Pay to Live Shorter, Less Healthy Lives

Ayshia Coletrane[1]

[1] Staff-prepared background synthesis for March 2023 symposium, Shifting the Nation's Health Investments to Support Long, Healthy Lives for All (https://www.nationalacademies.org/event/03-06-2023/shifting-the-nations-health-investments-to-support-long-healthy-lives-for-all-a-symposium)

A Decade in Review: Health Care in the United States

In 2012, the National Academies' Institute of Medicine (IOM) released the report, *For the Public's Health: Investing in a Healthier Future,* which declared the U.S. health care financing system to be terribly misaligned. According to the report, the nation's poor health and "costly medical care consumption reflect a failure of the nation's health system as a whole—medical care, governmental public health, and other actors—to support strategies that advance population health." (IOM, 2012: 20). The report showed that such failure is indicative of inefficiencies, inflexibilities, and insufficiencies in both funding and infrastructure. "The United States gets the health outcomes that it chooses to pay for," the report noted; therefore, the problem with the U.S. health system (broadly defined by the report as the medical care system and public health agencies) lies in its failure to invest wisely and consistently, and reliably in the drivers of population health (IOM, 2012: 48). In this, the report called for less pouring of resources into individualized treatment of disease and greater emphasis on population-based prevention, public health infrastructure, research and development, and policy approaches.

The 2013 IOM report, *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, expanded on the troubling state of population health in the United States. It centered on the "U.S. health disadvantage" displayed by the American population through shorter lives; higher prevalence, severity, and mortality rates of disease; and poorer well-being when compared to other high-income nations (IOM & NRC, 2013: 21). In a cross-national assessment of health and well-being among high-income countries, research revealed that the United States consistently fared worse than its peers across multiple measures of health such as life expectancy, chronic disease burden, risky behavior, and mental health. Poor health outcomes were also observed along the life course, from childhood to adolescence and well into adulthood (IOM & NRC, 2013:87-88). In presenting the nation's shortcomings on a global scale, the report not only identified the "U.S. health disadvantage" but also noted that it was growing; if left unaddressed, the U.S. would continue to fall far behind its peers.

A decade later in 2023, the U.S. has little to show for progress on the key metrics of spending and health despite the National Academies reports' recommendations to bolster population health. The nation therefore remains where it stood ten years ago as its poor health outcomes, the underfunding of public health, and the ever-increasing cost of U.S. health care come into consideration yet again. In assessing the current landscape of population health in the United States, it is evident that the high price this country pays for health does not to improve its outcomes in lost lives and poor health.

It Was The Best of Times, It Was The Worst of Times

Today, the United States continues to rank far below other high-income countries across measures in health outcomes as well as in health care affordability, administrative efficiency, access, and equity (Schneider et al., 2021). At the same time, it pours more money into its health care system than any other nation in the world (Gunja et al., 2023). Most recent data from 2021

reveals that the U.S. spent $4.3 trillion on health care, accounting for 18.3% of its gross domestic product (GDP) (CMS, 2023). Thus, with all its money, the U.S. has largely failed to preserve and improve the health of its people as it presents the poorest health outcomes when compared to international high-income peers (Gunja et al., 2023).

Health Outcomes and Quality of Life

The United States presents the some of the highest mortality rates, worst health outcomes, and poorest health system performance among all OECD countries.[2] Considering mortality, the U.S. has the lowest life expectancy at birth, falling three years below the OECD average (Gunja et al., 2023). Moreover, life expectancy in the U.S. worsens as the country has yet to rebound from the effects of the COVID-19 pandemic unlike most of its peers (Gunja et al., 2023). Additionally, the country ranks highest in annual preventable deaths, and preventable mortality continues to increase at a rate unlike any other OECD country (Gunja et al., 2023). Infant mortality and maternal mortality also remain the highest among OECD nations (Gunja et al., 2023). Furthermore, when infant and maternal mortality are stratified by state, states with the highest rates trail behind middle-income countries like Thailand, Ukraine, or Sri Lanka (CDC, 2022b; The World Bank, 2020).

In addition to high mortality rates, the United States presents the highest obesity prevalence, chronic disease burden, depression rates, and number of deaths by suicide among OECD nations (Gunja et al., 2023). Amidst these health challenges, the U.S. remains the only high-income country that does not guarantee health coverage, with 8.6 percent of its population uninsured (Gunja et al., 2023). Somehow the nation manages to spend nearly twice as much as the average OECD country on health care, and overall, rank last in health care system performance (Gunja et al., 2023; Schneider et al., 2021). Ultimately, these statistics, combined with rising income inequality and decreasing social progress over the past decade, uncover a declining quality of life in the United States (Haynie, 2020; Semega & Kollar, 2022).

A Country of Paradox

Perhaps it is a symptom of American exceptionalism to believe that this system, veiled by wealth, modern technology, and leading experts, is better than others. Indeed, the United States excels in many ways: it is the wealthiest nation by GDP, with five of the world's top ten hospitals, some of the best health care technologies and innovations, and the majority of Nobel prize winners in physiology and medicine. However, with poorly managed health care; widening social, economic, and racial disparities; underfunded communities; a self-interested culture; and ultimately, a less healthy and happy people – the paradox of the U.S. health care system comes into view.

[2] The Organization for Economic Co-operation and Development (OECD) is an international organization with 38 member countries that promote economic growth, development, and sustainability. The majority of OECD membership includes high-income nations. https://www.oecd.org/about/

The Curious Case of the U.S. Health Care System

Despite all its health care spending, America's return on investment is a negative one. If this was any other business, one would expect this capitalist-centric society to immediately redirect its investments or redesign its business plan. Nevertheless, the U.S. has yet to restructure its traditional health care system, thus remaining trapped in a paradox where it spends more money on health care but produces worse health outcomes.

Medical Care Spending

To be fair, the traditional U.S. health care system comes with layers of great complexity, which makes its case an altogether curious one. Due to the nation's history and culture, health care in the United States is not organized under a single, unified system (Malâtre-Lansac, 2019). Rather, it is fragmented across local, state, federal, and private sector levels, which involve multiple stakeholders who possess competing interests. Moreover, when factors such as geography, politics, or power dynamics are considered, communication, consistency, and shared understanding become increasingly difficult and less attainable. In addition, unchecked drug and medical device prices, administrative and advertising costs, and medical billing propel health care spending to an even greater degree (Malâtre-Lansac, 2019). Overall, between the lack of cohesion and financial restraint, sits a lack of accountability. The system's players are too focused on the "bottom line" to streamline coordination or establish greater control (Berwick, 2023; Malâtre-Lansac, 2019). This fixation on profitability, in turn, leads to a "willingness to tolerate large gaps in income, total wealth, educational quality, and housing" in the U.S., which produce "unintended health consequences;" in this, the United States' spirit for entrepreneurism eclipses its desire for egalitarianism (Schroeder, 2007).

Social Spending

The U.S. health care system not only displays a lack of accountability within itself, but to those it claims to serve. While the United States exceeds the OECD average on social spending and remains comparable to many of its peers, it invests less overall in its populations and communities (OECD, 2023; Papanicolas et al., 2019). When social spending is broken down, money is found to be primarily allocated to elderly populations in the form of pensions, home health, and residential services (Tikkanen & Schneider, 2020). The country's spending on social services like early childhood education or parental leave is about one-third that of other countries (Cabrera et al., 2022; Tikkanen & Schneider, 2020). Furthermore, the U.S. spends approximately one-quarter the amount on unemployment benefits compared to these same countries (Tikkanen & Schneider, 2020). When spending on social services is considered in this way, it becomes clear that the nation falls short in investing in its children, youth, and working age adults, thus failing to impact an entire generation of people during the majority of their lives.

Ultimately, the United States' failure to invest in its people is rooted in the very culture of the nation. Like entrepreneurism, values such as independence, hard work, and self-

determination are the driving force behind so much of what America does. Some proof of this is found in the fruitless debate for universal health coverage or the fight against Medicaid expansion, where challengers to these ideas suggest that health care is something to be earned (Malâtre-Lansac, 2019). In this nation, it seems that leaders can only agree to invest in the health care system at the point where people directly encounter it.

Health Disparities

When America invests in health care it fails to do so for everyone, everywhere, at every time. Health disparities exist overwhelmingly within communities of color through every stage of life – from birth to death, leading the U.S. to rank last in health equity among all OECD peer nations (Schneider et al., 2021). Starting at birth, U.S. infant mortality rates are not only the highest among OECD nations but are even greater when stratified by race and ethnicity. People of color – specifically Hispanic, Native American, Pacific Islander, and Black citizens – experience higher infant mortality rates than White citizens (CDC, 2022a). Moreover, these rates, specifically those for Black Americans, persist even when controlling for socioeconomic status (Geronimus et al., 2006). This curious case of its own suggests that additional elements are at play like systemic racial discrimination and exclusion – or "weathering" – which deteriorates the health of mothers and their children over generations, leading to higher maternal mortality, higher infant mortality, and shorter life expectancy at birth (Geronimus, 1992; Geronimus et al., 2006; Hill et al., 2022a; Hill et al., 2022b).

In addition, multiple chronic diseases disproportionately affect people of color, including diabetes, obesity, stroke, heart disease, and cancer – all of which are leading contributors to death in the U.S. (Thorpe et al., 2017). A complex interplay of social, environmental, economic, and cultural determinants of health create structural inequities, which then give way to health inequities (NASEM, 2017: 100). Structural inequities in education, income, employment status, insurance coverage, housing, neighborhood environment, among other aspects of society present major barriers to health care access for minorities.

When people of color do encounter the health care system, they are traditionally neglected and ignored. Research repeatedly shows that institutional bias and discrimination are fundamental drivers behind racial differences in diagnosis, prognosis, and treatment (Tong & Artiga, 2021). People of color experience more negative patient-provider interactions, along with disparities in pain management and empathy. Additionally, minorities, especially Black and Hispanic patients, are more likely to report experiences of providers refusing to believe them, to provide treatment, or to issue pain medication (Ndugga & Artiga, 2021; Tong & Artiga, 2021). This systemic racism therefore perpetuates a cycle of marginalization in which certain populations live less healthy lives, birth less healthy children, and suffer disproportionately from premature death.

Lessons from COVID-19

When the COVID-19 pandemic hit the United States in March 2020, the United States was neither coordinated, nor prepared, nor efficient in its response. The American response – or lack thereof – led to hospitalizations and deaths, burnout and mental health crises, and protests and riots. Fundamentally, each of these consequences revealed the same brokenness within the U.S. public health system identified by the IOM report, *For the Public's Health*, a decade ago.

The nation had to learn that short-term funding does not address long-standing systemic weakness (Trust for America's Health, 2022). Funding for public health and emergency preparedness drastically decreased over the past few decades, where essential national programs provided by the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services faced a one-fifth and two-thirds reduction in funding since FY 2002, respectively (Trust for America's Health, 2022). Two decades later, chronic underfunding in this area showed. In its immediate allocation of resources to these programs during the pandemic, the U.S. paid a great price for temporary solutions that could not fully address major deficits in its public health and health care system such as providing basic public health services, replacing old data systems, and strengthening the health care workforce (Trust for America's Health, 2022).

Although U.S. health care spending increased by 9.7 percent in 2020, reaching $4.1 trillion, only 5.4 percent of money targeted public health and prevention, and states were largely left to depend on their own financing and resources (Alfonso et al., 2021; Trust for America's Health, 2022). Thus, rather than mitigating its problems, the U.S. highlighted them. Health disparities grew as low-income and communities of color disproportionately suffered from higher COVID-19 incidence, hospitalization, and mortality rates. In addition, the country's fragmented public health infrastructure struggled to meet demands for greater technology modernization and interoperability, better surveillance and reporting, improved national health security, and more coordinated management. Moreover, hospitalizations, death, and tragedy overwhelmed the health care workforce, resulting in a second pandemic of burnout and an exodus of approximately 20 percent of health care workers in just two years (Levine, 2021). Furthermore, excess mortality in the U.S. ranked the highest of other high-income countries, increasing by 22.9 percent between March 2021 and January 2021 (Woolf et al., 2021). These deaths were only in part explained by COVID-19, exacerbated by poor socioeconomic conditions, systemic racism, weak health care policy, unhealthy physical and social environments, and deficiencies in U.S. health care (Woolf, 2022). Today, three years later, these areas continue to be some of the greatest challenges for U.S. health care and public health systems.

The Price We Pay

Essentially, the problems stemming from the U.S. health care system are rooted in the fact that the nation does not invest in its people and communities, it simply funds them. And when it does, there are conditions and limitations. Investment—particularly a well-balanced

portfolio of investment—requires preparation, education, time, commitment, accountability, partnership, and a sense of care (IOM, 2012: 14). Investment runs deep like the problems the U.S. health care system faces. As it currently stands, the U.S. health care system is failing the American people and desperately needs to be reimagined. The nation must shift its priorities in health care away from the focus on treatment of individuals, maximization of profits, and fulfillment of personal priorities, and toward the investment in populations, promotion of health, and empowerment of communities. Research has shown that, to do so, the U.S. must disrupt its current institutions, habits, and beliefs to promote progress. Indeed, this may be an expensive and challenging undertaking, but it is an investment that, ultimately, will build stability, sustainability, and wealth in health, life, and dollars for the nation.

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Background Material for March 6-7 Symposium

An Attempt to "Map" Key Contours of the Issues that Informed Planning

THE PREDICAMENT (as highlighted by the 2012 and 2013 IOM reports):

- Shorter lives, poorer health, inequities
- Uncontrolled health care cost growth
- Imbalanced investments
- Uninformed & disengaged public

Who's bearing the costs and consequences?

(1) Costs to/spending by: Public sector/Government at all levels spending on health care

Harms to the public sector: Impact on other social spending (opportunity costs)– especially felt at state & local levels; wasteful, inefficient[i]

(2) Costs to/spending by: Businesses/Employers (Private payers)

Harms to business/private sector: Impact on profits (and indirectly, on pay?); lower competitiveness; wasteful and inefficient

(3) Costs to/spending by: Individuals and families

Harms to individuals/families: Impact on household income & economic stability, medical bankruptcy;[ii] avoided/delayed care and worse outcomes; imbalance in public sector spending also means underinvestment in the vital conditions for health and well-being

(4) Costs to the nation as a whole: Poor return on investment, in part because other investments are needed along with health care

Broad harms from the health care status quo and resulting from society's relationship with health care

- Health care workers not paid living wage, burned out
- Land use/community development if hospital worsens gentrification
- Wealth building outside the community through corporate purchasing, hiring practices

Other harms related to the status quo

- By its nature and existing incentives, health care spending drives societal priorities
- Like military-industrial complex, it drives agenda and dialogue, inaccurately shapes public perception
- Blinds internal and external decision-makers to other possible futures

FUTURE GOAL: All people living long healthy lives in thriving communities.

- Public awareness of and support for what creates health
- Policies to invest in the seven vital conditions for health and well-being[iii]
- High quality, accessible, affordable care for all
- A strong public health system

SOLUTIONS: HOW DO WE GO FROM THE CURRENT PREDICAMENT TO THE FUTURE GOAL?

- Identify, scale, and spread what works (solutions that include evidence-based policies, diversifying investments [in the vital conditions, public health infrastructure], in addition to controlling health care cost growth)
- Change/reframe the narrative, make the case.
- Other ideas?

Solutions in the public sector, at different levels of government (see also Resources & Readings for a sampling of references):

- (Mixed success) change expectations for quality, ROI, value-based payment, some attention to and support for furthering health equity and addressing health-related social needs.
- (some promising signs) several states setting targets for controlling cost growth
    - Washington, Oregon, Nevada, New Jersey, Connecticut, Rhode Island, Delaware, California, Massachusetts[iv]
    - Similar efforts in Maryland (all payer model) and Pennsylvania
- more balanced investment in SDOH (i.e., the seven vital conditions for health and well-being) and public health infrastructure, includes:
    - Federal:
        - Child tax credit[v]
        - The ACA
        - Medicaid expansion
        - CDC Eviction Moratorium
        - Other examples
    - State:
        - New Mexico child care in the state constitution
        - Massachusetts Fair Share tax (4% over first $1 million in income) to support education and transportation programs
        - Washington state Poverty Reduction initiative
        - SEED For Oklahoma Children (529 college savings account for all; privately funded and evaluated with Washington University in St. Louis, partnership with state)
        - And many more
    - Local:
        - Guaranteed income experiments (26 pilots around the US, 4 more coming)

        - Magnolia Mothers' Trust (oldest running experiment, since 2018, now in its 4th cohort of giving $1000 to Black mothers for 12 months with no conditions; evaluation[vi])
    - Cities of Opportunity (National League of Cities) – 5 cities ("helps bring communities together through four key entry points (Action Cohort, Mayors' Institute, Learning Labs and Solutions Forums) to find common ground and drive transformational change toward equity, well-being and life expectancy")
    - Project Room Key to rapidly shelter unhoused people during the pandemic, and translating temporary pandemic housing into permanent housing[vii]
    - And many more

Solutions in the private sector:

- change payer expectations for quality, ROI, value-based care
- promising examples (e.g., MA hotel workers union & GM arrangement with Henry Ford HS[viii])

Solution demanded by public payers:

- improve quality/value, reduce/regulate administrative cost
- financial health system never events (debt collection, not paying a living wage to health sector workers, etc.)

Solution(s):

- embrace health anchor mission.
- invest in people and communities

Solution(s)

- a national dialogue shaped by new frames and narratives
- more evidence-based policymaking and resource allocation

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[i] See IOM. 2013. Best Care at Lower Cost: The Path to Continuously Learning Health Care in America National Academies of Sciences, Engineering, and Medicine. Washington, DC: The National Academies Press. https://doi.org/10.17226/13444; see also Brookings Institution. 2020. A Dozen Facts about the Economics of the US Health Care System. https://www.brookings.edu/research/a-dozen-facts-about-the-economics-of-the-u-s-health-care-system/; and McCullough JC, Zimmerman FJ, Fielding JE, Teutsch SM. A health dividend for America: the opportunity cost of excess medical expenditures. Am J Prev Med. 2012 Dec;43(6):650-4. doi: 10.1016/j.amepre.2012.08.013. PMID: 23159261.

[ii] https://www.kff.org/health-costs/issue-brief/the-burden-of-medical-debt-in-the-united-states/

[iii] The Seven Vital Conditions are highlighted in:

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[iv] See for example: https://www.commonwealthfund.org/sites/default/files/2022-02/Hwang_health_care_cost_growth_strategy_01_target.pdf

[v] Evidence reviewed in: National Academies of Sciences, Engineering, and Medicine. 2019. A Roadmap to Reducing Child Poverty. https://nap.nationalacademies.org/catalog/25246/a-roadmap-to-reducing-child-poverty

[vi] https://springboardto.org/wp-content/uploads/2022/08/MMT-Evaluation-Full-Report-2021-22-website.pdf

[vii] https://homelessness.acgov.org/roomkey.page

[viii] A hotel workers union in Boston (Local 26) that pushed back on Partners Healthcare's upcharging (2-3X other academic health systems) by dropping them from their provider list, see

https://www.latimes.com/politics/story/2019-12-17/one-union-kept-medical-bills-in-check (part of a Kaiser Health News and LA Times collaboration https://www.kff.org/private-insurance/report/kaiser-family-foundation-la-times-survey-of-adults-with-employer-sponsored-insurance/).
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Shifting the Nation's Health Investments To Support Long, Healthy Lives for All

A Symposium

Readings and Resources

Contents

2012 & 2013 Reports and Related Publications

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>
> What to do about greed? No answer is easy, not least because of the political lobbying might of individuals and organizations that are thriving under the current laxity. The cycle is vicious: unchecked greed concentrates wealth, wealth concentrates political power, and political power blocks constraints on greed.

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NATIONAL ACADEMIES Sciences Engineering Medicine

COVID-19 Vaccination Policy for Non-Staff Access to National Academies Facilities

Guidance for Visitors
In accordance with the organization's commitment to provide a safe and healthy workplace, the National Academies are establishing a COVID-19 Vaccination Policy for any persons that are not officially staff members to permit access to our facilities. Beginning March 10, 2022, all visitors to NASEM facilities—including volunteers, Academy members, invited guests, fellows, sponsors, presenters, vendors, contractors, consultants, temporary workers, and other non-staff—must be up-to-date on their vaccinations against COVID-19 (as defined by the CDC). Visitors must show their official COVID-19 Vaccination Record Card (or a digital photo of the card) to the security staff at the Keck Center or the NAS Building, or to the management staff at the Beckman Center, when they enter the facility. A visitor's vaccination information will not be recorded or stored by the National Academies; the information will simply be verified to allow them to access the facility. Anyone who fails to present a vaccination card (or its copy) will not be allowed access to our facility; no exemptions or exceptions will be accommodated. Children under the age of 6 months are currently ineligible for a COVID-19 vaccine, but may still enter National Academies' facilities.

All visitors from a temp agency or contracting service with whom the National Academies have contract will be screened for vaccination compliance by their agency. The vaccination compliance requirements will be stated in contracts with those agencies.

Vaccination
Consistent with the CDC's guidance, the National Academies are adopting this policy to support preventing the infection and spread of the COVID-19 virus, and as an integral measure towards the safety and health of everyone in our buildings.

Operating Status
The National Academies' Operating Status webpage provides the current information regarding access to the Academies' facilities. This information will be updated to be consistent with applicable government mandates and Academies policies. The operating status will include any requirements regarding vaccinations, masks/respirators, social distancing, and occupancy limits.

Requirements for Meetings and Activities
Non-staff participants are not obligated to travel to participate in meetings being held at one of National Academies facilities during this time. Remote attendance is encouraged to the meeting for anyone who is not comfortable traveling to or participating in an in-person meeting. The National Academies have made investments in new equipment in our meeting rooms to accommodate interactive, hybrid meetings so that the experience for those not in the room will be as engaging as possible. In certain circumstances, such as for meetings involving classified or controlled information or events of significant importance, a request for participants to attend in-person may be extended. These events should still provide accommodations for those that cannot attend in-person, if possible.

Vaccination and masking/respirator requirements for non-staff participants in National Academies activities that take place in an off-site location are subject to the requirements of the offsite facility and based on the local guidance and requirements.

Revised: 09/26/2022

PREVENTING DISCRIMINATION, HARASSMENT, AND BULLYING
EXPECTATIONS FOR PARTICIPANTS IN NASEM ACTIVITIES

The National Academies of Sciences, Engineering, and Medicine (NASEM) are committed to the principles of diversity, integrity, civility, and respect in all of our activities. We look to you to be a partner in this commitment by helping us to maintain a professional and cordial environment. All forms of discrimination, harassment, and bullying are prohibited in any NASEM activity. This commitment applies to all participants in all settings and locations in which NASEM work and activities are conducted, including committee meetings, workshops, conferences, and other work and social functions where employees, volunteers, sponsors, vendors, or guests are present.

Discrimination is prejudicial treatment of individuals or groups of people based on their race, ethnicity, color, national origin, sex, sexual orientation, gender identity, age, religion, disability, veteran status, or any other characteristic protected by applicable laws.

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that creates an intimidating, hostile, or offensive environment.

Other types of harassment include any verbal or physical conduct directed at individuals or groups of people because of their race, ethnicity, color, national origin, sex, sexual orientation, gender identity, age, religion, disability, veteran status, or any other characteristic protected by applicable laws, that creates an intimidating, hostile, or offensive environment.

Bullying is unwelcome, aggressive behavior involving the use of influence, threat, intimidation, or coercion to dominate others in the professional environment.

REPORTING AND RESOLUTION

Any violation of this policy should be reported. If you experience or witness discrimination, harassment, or bullying, you are encouraged to make your unease or disapproval known to the individual, if you are comfortable doing so. You are also urged to report any incident by:

- Filing a complaint with the Office of Human Resources at 202-334-3400, or
- Reporting the incident to an employee involved in the activity in which the member or volunteer is participating, who will then file a complaint with the Office of Human Resources.

Complaints should be filed as soon as possible after an incident. To ensure the prompt and thorough investigation of the complaint, the complainant should provide as much information as is possible, such as names, dates, locations, and steps taken. The Office of Human Resources will investigate the alleged violation in consultation with the Office of the General Counsel.

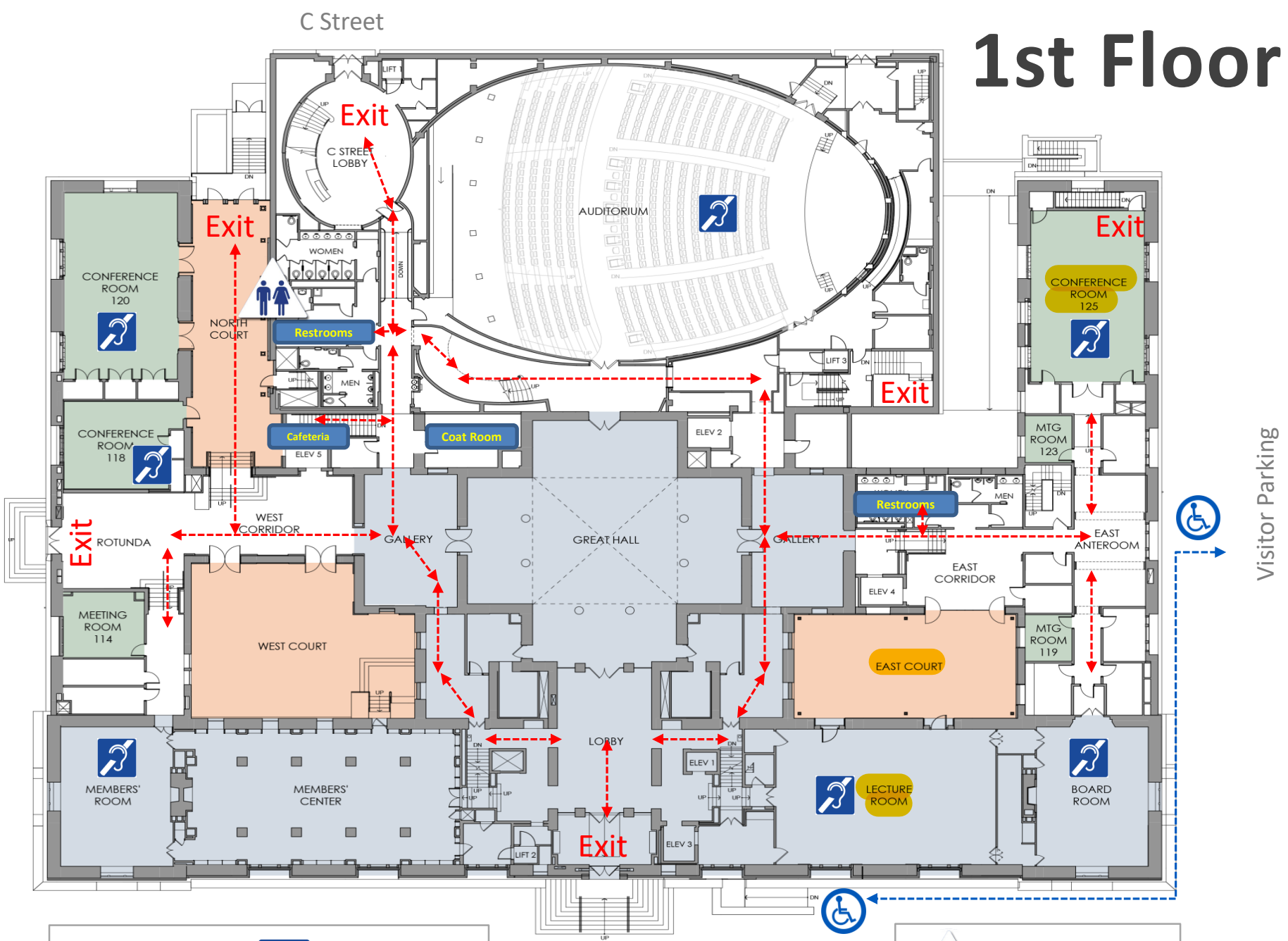
If an investigation results in a finding that an individual has committed a violation, NASEM will take the actions necessary to protect those involved in its activities from any future discrimination, harassment, or bullying, including in appropriate circumstances the removal of an individual from current NASEM activities and a ban on participation in future activities.

CONFIDENTIALITY

Information contained in a complaint is kept confidential, and information is revealed only on a need-to-know basis. NASEM will not retaliate or tolerate retaliation against anyone who makes a good faith report of discrimination, harassment, or bullying.

Updated June 7, 2018

1st Floor


C Street
Exit
C STREET LOBBY
AUDITORIUM
Exit
CONFERENCE ROOM 120
NORTH COURT
WOMEN
MEN
Restrooms
CONFERENCE ROOM 118
Cafeteria
ELEV 5
Coat Room
ELEV 2
LIFT 3
Exit
CONFERENCE ROOM 125
MTG ROOM 123
Exit
ROTUNDA
WEST CORRIDOR
GALLERY
GREAT HALL
GALLERY
Restrooms
MEN
EAST ANTEROOM
EAST CORRIDOR
ELEV 4
MEETING ROOM 114
WEST COURT
EAST COURT
MTG ROOM 119
Visitor Parking
MEMBERS' ROOM
MEMBERS' CENTER
LOBBY
ELEV 1
LECTURE ROOM
BOARD ROOM
LIFT 2
Exit
ELEV 3
Constitution Ave
Accessibility Access
Auditory Listening Device
Gender Neutral Bathroom


Constitution Ave
EXIT
EXIT
227
ELEVATOR
W
M
EXIT
W
M
ELEVATOR
EXIT
EXIT
W
EXIT
M
2nd Floor
280
Auditorium
Atrium
250
E Street
Conference Room
Restrooms
Mother's Room
Accessibility Access
Auditory Listening Device