

ROUNDTABLE ON POPULATION HEALTH IMPROVEMENT

Economic Systems as a Structural Driver of Population Health: Introduction to Workshop Series

March 18, 2024 | 11:00am–1:00pm EST | Virtual

ATTENDEE PACKET



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Agenda

MONDAY, MARCH 18, 2024

This roundtable conversation with experts will launch a year-long exploration of economic systems in the context of:

- Narrative shift and culture change
- Working together across sectors and disciplines
- Governance and democracy

11:00am Welcome

- **Ana Diez Roux**, roundtable co-chair, Distinguished University Professor of Epidemiology, Department of Epidemiology and Biostatistics, and Director, Urban Health Collaborative, Drexel University

11:10am Brief Remarks

- **Darrick Hamilton**, Henry Cohen Professor of Economics and Urban Policy, The New School
- **Amanda Janoo**, Knowledge & Policy Lead, Wellbeing Economy Alliance
- **Nancy Krieger**, professor of social epidemiology, Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health

11:20am Questions and Discussion

- Speakers and members of the Roundtable on Population Health Improvement

12:50pm Closing Remarks

- **Mary Pittman**, roundtable co-chair, Emerita President and CEO, Public Health Institute

1:00pm Adjourn

Article I. Roundtable Roster

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

**Ana V. Diez Roux, MD, PhD,
MPH (co-chair)**

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and Distinguished University
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Economic Systems as a Structural Driver of Population Health:
Introduction to Workshop Series

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Strategic Plan

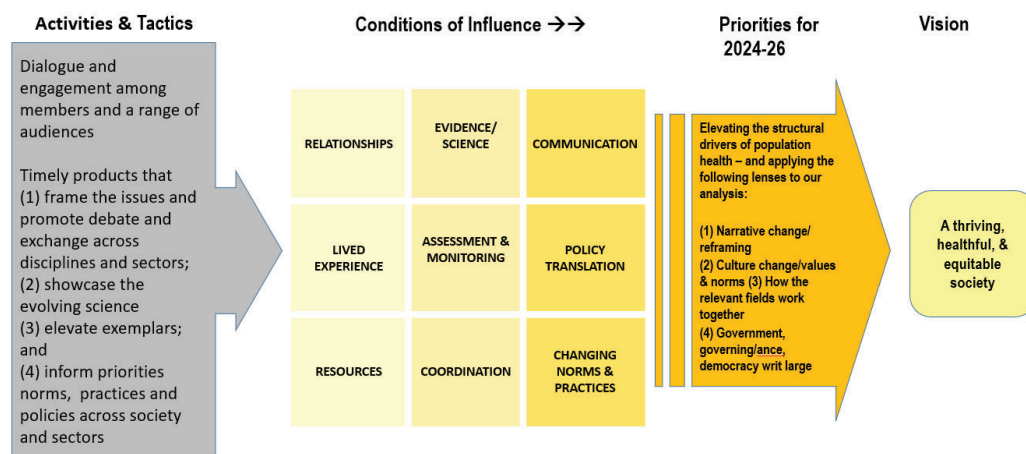
Roundtable on Population Health Improvement 2024-2026

In 2024, the Roundtable on Population Health Improvement will explore how economic systems, as one of the structural drivers of population health,¹ help and hinder efforts to improve health, equity, and well-being. By selecting this theme the roundtable aims to promote rich discussion on what taking seriously and acting on these structural drivers implies for:

- (1) narrative change and reframing, including how the problem is formulated (dominant narratives and shifts that are needed), how that informs what evidence is gathered and prioritized, how implications of evidence are presented and discussed, and how/if evidence is translated into action
- (2) the importance of values, norms and culture (e.g., individualism, tribalism, consumerism) generally in advancing understanding and acceptance of structural drivers and supporting action
- (3) how various disciplines and sectors can work together to advance both understanding and action on structural factors
- (4) the role of governance and government, and democracy and civic engagement, in informing actions to address structural determinants (e.g., explore the (re)emerging approaches like deliberative local decision-making, participatory budgeting, and others)

In 2025 and 2026, the Roundtable will apply the four lenses above to other structural drivers of population health, guided by its theory of change.

Theory of Change for the Roundtable on Population Health Improvement



¹ Informed by WHO definition: "structural mechanisms are those that generate stratification and social class divisions in the society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources. Structural mechanisms are rooted in the key institutions and processes of the socioeconomic and political context." ([Source](#)) And by the NASEM definition: The social determinants of health "are shaped by structural determinants, including local, state, tribal, territorial, and federal policies and laws, and societal-level aspects of the historical and cultural context, such as structural racism. The latter refers to the totality of ways in which a society fosters racial and ethnic inequity and subjugation through mutually reinforcing systems, including housing, education, employment, earnings, benefits, credit, media, health care, and the criminal legal system (Bailey et al., 2017). These structural factors "organize the distribution of power and resources (i.e., the social determinants of health) differentially" among racial, ethnic, and socioeconomic groups, perpetuating health inequities " ([Source](#))

Article II. Biosketches



Anna Diez Roux, Roundtable Co-Chair

Ana V. Diez Roux, M.D., Ph.D., M.P.H., is Distinguished University Professor of Epidemiology at the Dornsife School of Public Health and Director of the Drexel Urban Health Collaborative. Originally trained as a pediatrician in her native Buenos Aires, she completed public health training at the Johns Hopkins University School of Hygiene and Public Health. Before joining Drexel University, she served on the faculties of Columbia University and the University of Michigan, where she was Chair of the Department of Epidemiology and Director of the Center for Social Epidemiology and Population Health. Dr. Diez Roux is internationally known for her research on the social determinants of population health and the study of how neighborhoods affect health. Her work on neighborhood health effects has been highly influential in the policy debate on population health and its determinants.

Dr. Diez Roux has served on numerous editorial boards, review panels and advisory committees including most recently the Clean Air Scientific Advisory Committee (CASAC) of the Environmental Protection Agency (as Chair), the Board of Scientific Counselors (BSC) of the National Center for Health Statistics, the Committee on Health and Wellbeing in the Changing Urban Environment of the International Council for Science (ISCUS), and CDC's Community Preventive Services Taskforce. She has received the Wade Hampton Frost Award for her contributions to public health from the American Public Health Association and the Award for Outstanding Contributions to Epidemiology from the American College of Epidemiology. She is also an elected member of the American Epidemiological Society and the Academy of Behavioral Medicine Research. She was elected to the National Academy of Medicine of the National Academy of Sciences in 2009.



Derrick Hamilton

Derrick Hamilton, Ph.D., is a university professor, the Henry Cohen Professor of Economics and Urban Policy, and the founding director of the Institute on Race, Power and Political Economy at The New School. Considered one of the nation's foremost scholars, economists and public intellectuals, Hamilton's accomplishments include recently being profiled in the New York Times, Mother Jones magazine and the Wall Street Journal and being featured in Politico Magazine's 2017 50 Ideas Shaping American Politics and the People Behind Them issue. Also, he is a member of the Marguerite Casey Foundation in partnership with the Group Health Foundation's inaugural class of Freedom Scholars.

Hamilton has been involved in crafting policy proposals, such as Baby Bonds and a Federal Job Guarantee, which have garnered a great deal of media attention and served as inspirations for legislative proposals at the federal, state and local levels. He has served as a member of the economic committee of the Biden-Sanders Unity Task Force; he has testified before several senate and house committees, including the Joint Economic Committee on the nation's potential policy responses to the COVID-19 pandemic-induced health and economic crises; he was a surrogate and advisor for the

Bernie Sanders presidential campaign; and he has advised numerous other leading Members of Congress, as well as various 2020 presidential candidates.



Amanda Janoo

Amanda Janoo, M.Phil., is an economic policy expert with over a decade of experience working with governments and international development institutions around the world. Her work aims to build just and sustainable economies through goal-oriented and participatory policy design processes.

Prior to joining WEAll, Amanda worked for the United Nations and the African Development Bank as an industrial policy and structural transformation expert. As a Fulbright researcher, she explored the relationship between international trade and informal employment. She graduated from Cambridge University with an MPhil in Development Studies and hails from the green mountain state of Vermont, in the USA.



Nancy Krieger

Nancy Krieger, Ph.D., is Professor of Social Epidemiology, Department of Social and Behavioral Sciences, at the Harvard T.H. Chan School of Public Health and Director of the HSPH Interdisciplinary Concentration on Women, Gender, and Health. She has been a member of the School's faculty since 1995. Dr. Krieger is an internationally recognized social epidemiologist, with a background in biochemistry, philosophy of science, and history of public health, plus 30+ years of activism involving social justice, science, and health. In 2004, she became an ISI highly cited scientist, a group comprising "less than one-half of one percent of all publishing researchers, with her ranking reaffirmed in the 2015 update." In 2013, she received the Wade Hampton Frost Award from the Epidemiology Section of the American Public Health Association, and in 2015, she was awarded the American Cancer Society Clinical Research Professorship. In 2019, Dr. Krieger was ranked as being "in the top 0.01% of scientists based on your impact" for both total career and in 2017 by a new international standardized citations metrics author database, including as #1 among the 90 top scientists listed for 2017 with a primary field of public health and secondary field of epidemiology.

Dr. Krieger's work addresses three topics: (1) conceptual frameworks to understand, analyze, and improve the people's health, including the ecosocial theory of disease distribution she first proposed in 1994 and its focus on embodiment and equity; (2) etiologic research on societal determinants of population health and health inequities; and (3) methodologic research on improving monitoring of health inequities. In April 2011, Dr. Krieger's book, *Epidemiology and the People's Health: Theory and Context*, was published by Oxford University Press. This book presents the argument for why epidemiologic theory matters. Tracing the history and contours of diverse epidemiologic theories of disease distribution from ancient societies on through the development of - and debates within - contemporary epidemiology worldwide, it considers their implications for improving population health and promoting health equity. She is also editor of *Embodying Inequality: Epidemiologic Perspectives* (Baywood Press, 2004) and co-editor, with Glen Margo, of *AIDS: The Politics of Survival* (Baywood Publishers, 1994), and, with Elizabeth Fee, of *Women's Health, Politics, and Power: Essays on Sex/Gender, Medicine, and Public Health* (Baywood Publishers, 1994). In 1994 she co-founded, and still chairs, the Spirit of 1848 Caucus of the American Public Health Association, which is concerned with the links between social justice and public health.



Mary Pittman, Roundtable Co-Chair

Mary Pittman, DrPH, recently stepped down from her role as chief executive officer and president of the Public Health Institute (PHI), a U.S. and global non-profit public health organization dedicated to improving health and equity through economic, social, and healthcare innovation. Pittman is a national leader in community health, addressing social determinants leading to health inequities and promoting prevention and quality of care. Her experience in public health and healthcare, including Medicaid financing and safety net systems, make her an expert adviser in the field of population health and building healthier and more equitable communities and health systems. She has designed and launched leadership programs for women in health as well as for other population health leaders. During her tenure, PHI was recognized three times as one of the 50 best nonprofit places to work in the nation.

Pittman served for six years on the National Academies of Sciences, Engineering, and Medicine Roundtable on Population Health Improvement, and the Healthy People 2030 advisory committee to the Secretary of HHS. She served as an expert advisor to the Let's Get Healthy California Task Force, and serves on numerous advisory boards for UC Berkeley, School of Public Health, Loma Linda School of Public Health, Charles Drew University Medical School, and other non-profits and a small diagnostic company.

Article III. Recommended Readings (or change section/content as needed)

Bhatti, Saqib, and Bree Carlson. "What Does It Mean to Dismantle Racial Capitalism Anyway." (2023). <https://nonprofitquarterly.org/what-does-it-mean-to-dismantle-racial-capitalism-anyway/>.

Collins, Chuck, "Disrupting Narratives That Justify Inequality and Poverty." *Institute for Policy Studies*, 2019, <https://inequality.org/great-divide/disrupting-narratives-inequality-poverty/>.

Commission on Reimagining Our Economy. *Advancing a People-First Economy*. (American Academy of Arts and Sciences, 2023). https://www.amacad.org/sites/default/files/publication/downloads/2023_CORE_People-First-Economy.pdf.

Heller, Jonathan C., Marjory L. Givens, Sheri P. Johnson, and David A. Kindig. "Keeping It Political and Powerful: Defining the Structural Determinants of Health." *The Milbank* <https://onlinelibrary.wiley.com/doi/abs/10.1111/1468-0009.12695>.

Lierse, Hanna, Patrick Sachweh, and Nora Waitkus. "Introduction: Wealth, Inequality and Redistribution in Capitalist Societies." *Social Justice Research* 35, no. 4 (2022/12/01 2022): 367-78. <https://doi.org/10.1007/s11211-022-00402-6>.

Kelly, Marjory, "Wealth Supremacy: How the Extractive Economy and the Biased Rules of Capitalism Drive Today's Crises." Next Big Idea Club, 2023, <https://nextbigideaclub.com/magazine/wealth-supremacy-extractive-economy-biased-rules-capitalism-drive-todays-crises-bookbite/45699/#:~:text=Wealth%20supremacy%20is%20the%20idea%20that%20wealthy%20people,more%20income%20for%20the%20wealthy%20and%20Big%20Capital>.

WHO Council on the Economics of Health for All. *Health for All - Transforming Economies to Deliver What Matters* (World Health Organization, May 23, 2023). <https://iris.who.int/bitstream/handle/10665/373122/9789240080973-eng.pdf?sequence=1>



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Economic Systems as a Structural Driver of Population Health: Introduction to Workshop Series

Readings and Resources

Roundtable on Population Health Improvement

Defining Structural Determinants of Health

The structural determinants of health are 1) the written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage among socially constructed groups in the conditions that affect health, and 2) the manifestation of power relations in that people and groups with more power based on current social structures work—implicitly and explicitly—to maintain their advantage by reinforcing or modifying these rules.

The structural determinants include the following:

- values, beliefs, worldviews, culture, and norms
- governance
- laws, policies, regulations, and budgets
- institutional practices

that impact hierarchical patterns of advantage and power relations.^{1,13,32}

Heller, Jonathan C., Marjory L. Givens, Sheri P. Johnson, and David A. Kindig. "Keeping It Political and Powerful: Defining the Structural Determinants of Health." *The Milbank* <https://onlinelibrary.wiley.com/doi/abs/10.1111/1468-0009.12695>.

Perceptions of Wealth Inequality

Why is wealth inequality not met with more public and political discontent? -

Lierse, Hanna, Patrick Sachweh, and Nora Waitkus. "Introduction: Wealth, Inequality and Redistribution in Capitalist Societies." *Social Justice Research* 35, no. 4 (2022/12/01

2022): 367-78. <https://doi.org/10.1007/s11211-022-00402-6>.

- “The organizational efforts by resourceful private interests allowed for “**winner-take-all**” politics, that is, a small wealthy elite conducting policies in their own financial interest.”
- “Cultural mechanisms and processes, such as **societal narratives and interpretive frames** about the legitimacy of economic advantage, contribute to the maintenance and perpetuation of inequality.”
- “Fairness norms and **beliefs in meritocracy** serve to legitimize existing socio-economic disparities.”
 - “Holding meritocratic ideas decreases support for redistributive preferences”
- “Attitudes towards inequality are altered, adjusted, and **formed interactively** in relation to what others think.”

Advancing a *People-first* Economy

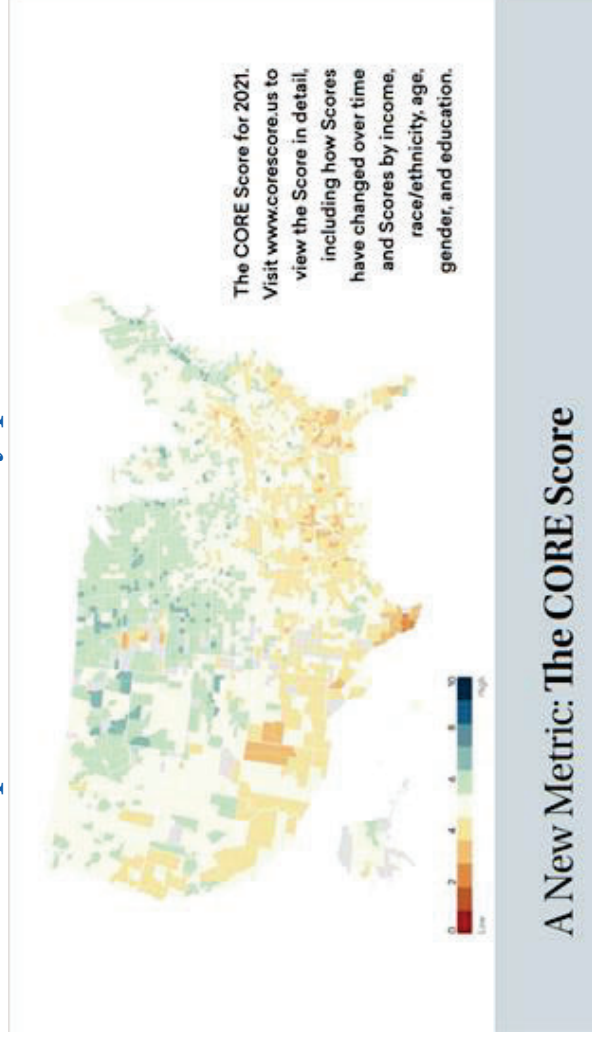
Commission on Reimagining Our Economy (American Academy of Arts and Sciences, 2023).

https://www.amacad.org/sites/default/files/publication/downloads/2023_CO

[RE People-First-Economy.pdf](#)

The **CORE Score** is a new index measuring American well-being, developed by The Commission on Reimagining Our Economy. The Score allows for intra- and intercounty comparisons and includes four categories of measurements:

- Economic Security
- Economic Opportunity
- Health
- Political Voice



“An economy should be judged not only on its efficiency and productivity but on its ability to improve people’s well-being.”



COMMISSION ON REIMAGINING OUR ECONOMY. *ADVANCING A PEOPLE-FIRST ECONOMY*. (AMERICAN ACADEMY OF ARTS AND SCIENCES, 2023).

Racial Capitalism (term popularized by Cedric J. Robinson)

Bhatti, Saqib, and Bree Carlson. "What Does It Mean to Dismantle Racial Capitalism Anyway." (2023). <https://nonprofitquarterly.org/what-does-it-mean-to-dismantle-racial-capitalism-anyway/>.

- “The system of capitalism emerged from and relied on the existence of an already racialized society, and thus there can be no separation between the two”
 - Economic exploitation is structural and historically grounded, and occurs simultaneously across racial and class lines
- “We must focus our aim not just on structural racism and not just on capitalism, but rather on how those two forces are interconnected and intertwined”

Health for All – Transforming Economies to Deliver What Matters

Valuing Health for All	Financing Health for All	Innovating for Health for All	Strengthening Public Capacity for Health for All
Valuing the Essential <ul style="list-style-type: none"> • Treat health, wellbeing, health workers & systems as long-term investment 	Long-term Finance <ul style="list-style-type: none"> • Adopt a comprehensive, stable approach to funding Health for All 	Collective Intelligence <ul style="list-style-type: none"> • Build symbiotic public-private alliances to maximize public value, sharing risk & rewards 	Whole-of-Government <ul style="list-style-type: none"> • Recognize Health for All is not just for health ministries but all govt. agencies
Human Rights <ul style="list-style-type: none"> • Use legal & financial commitments to enforce health as a human right 	Quality of Finance <ul style="list-style-type: none"> • Redraw international architecture of finance to fund health equitably & proactively 	Common Good <ul style="list-style-type: none"> • Design knowledge governance for the common good to ensure global equitable access to health innovations 	State Capacity <ul style="list-style-type: none"> • Invest in dynamic capabilities of the public sector, institutionalizing experimentation & learning, to lead effectively
Planetary Health <ul style="list-style-type: none"> • Restore & protect the environment by upholding international commitments to a regenerative economy 	Funding and Governance of WHO <ul style="list-style-type: none"> • Ensure WHO is properly funded & governed to play its key global coordinating role 	Outcomes Orientation <ul style="list-style-type: none"> • Align innovation & industrial strategies with bold cross-sectoral missions to deliver Health for All 	Build Trust <ul style="list-style-type: none"> • Demonstrate transparency & meaningful public engagement to hold govt. accountable to common good

Dashboard for a Healthy Economy

- Use metrics that track progress across core societal values

SOURCE: WHO Council on the Economics of Health for All. [Health for All - Transforming Economies to Deliver What Matters](#) (World Health Organization, May 23, 2023).

Article IV. 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.

Section 4.01 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.

Section 4.02 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.

Article V. Diversity, Equity, and Inclusion Statement and Guiding Principles

We, the National Academies of Sciences, Engineering, and Medicine (the National Academies), value diversity among our staff, members, volunteers, partners, vendors, and audiences. We recognize that talent is broadly distributed in society and that many perspectives enhance the quality of our work and drive innovation and impact.

We pledge to cultivate a workplace culture and climate that promotes inclusion, belonging, accessibility, and anti-racism; upholds equity; and values the participation of all who are engaged in advancing our mission.[1] By embracing the values of diversity, equity, and inclusion in our programs, institutional policies and practices, and products, we will be able to better advise the nation on the most complex issues facing society and the world.

Guiding Principles:

The following diversity, equity, and inclusion principles guide our work at the National Academies:

1. Integrate diverse perspectives and experiences into our programs, institutional policies and practices, and products.
2. Foster a culture of inclusion where all staff, members, and volunteers have full access to participation and feel welcomed, respected, valued, and a sense of belonging.
3. Approach scientific endeavors with a consideration of diversity, equity, and inclusion frameworks.
4. Cultivate mutually beneficial diverse partnerships and collaborations with a variety of communities, including, but not limited to, marginalized and underrepresented communities.

Our institutional strategy for putting these values and principles into practice are outlined in the National Academies DEI Action Plan, a comprehensive five-year plan that charts a path toward achieving our diversity, equity, and inclusion goals. The DEI Action Plan is one of many ways that we commit to systems of accountability and transparency to uphold these principles and allow for continuous learning and improvement.

Updated June 7, 2018