INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Roundtable on Population Health Improvement

Workshop: Applying a Health Lens II: The Role and Potential of the Private Sector to Improve Economic Well-Being and Community Outcomes

June 4, 2015

AGENDA

Location: Beckman Center of the National Academies

Irvine, California

WORKSHOP OBJECTIVES:

(1) Explore what businesses can offer the movement to improve population health
(2) Discuss areas of potential, as well as models for how businesses could impact the determinants of health
(3) Provide a platform for discussing how to promote and support health in all business practices, policies, and investments

8:15 am	**Welcome and overview of the day** David A. Kindig, Emeritus Professor of Population Health Sciences and Emeritus Vice-Chancellor for Health Sciences at the University of Wisconsin-Madison, School of Medicine; co-chair, Roundtable on Population Health Improvement Raymond Baxter, Senior Vice President, Community Benefit, Research and Health Policy, Kaiser Permanente; chair of the planning committee and member of the Roundtable on Population Health Improvement–context and overview
8:30	**Keynote --** Ian Galloway, Senior Research Associate, Community Development, Federal Reserve Bank of San Francisco
9:00	**Q&A/Discussion** -- Reaction and Moderated Discussion with Raymond Baxter
9:30	**Businesses Changing their Practices to Produce Health** Moderator, George Isham, Senior Advisor, HealthPartners, Senior Fellow, HealthPartners Institute for Education and Research; co-chair, Roundtable on Population Health Improvement and member of the planning committee Larry Soler, President and CEO, Partnership for a Healthier America Mark Weick, Director of the Sustainability Office, The Dow Chemical Company Gary Cohen, President and Founder of Healthcare without Harm
10:30	**Break**

10:45	**Q&A Discussion** —Moderated by George Isham
11:30	**Developing Human Capital in Communities** Moderator, George Flores, Program Manager, The California Endowment; member of the Roundtable on Population Health Improvement and member of the planning committee Carla Javits, President and CEO, The Roberts Enterprise Development Fund (REDF) Farad Ali, President and CEO, The Institute (formerly NC Institute of Minority Economic Development)
12:30pm	**Lunch**
1:15	**Discussion continued**--Moderated by George Flores
1:45	**Revitalizing Communities and the Challenges of Inequality** Moderator, Victor Rubin, Vice President for Research, PolicyLink Anne Griffith, Senior Program Director, Enterprise Community Partners, Inc. Dan Kinkead, Director of Projects, Detroit Future City
3:15	**Break**
3:30	**Investing in People and Partnerships to Create Healthy Communities** Moderator, Cathy Baase, Global Director of Health Services, The Dow Chemical Company; member of the Roundtable on Population Health Improvement and member of the planning committee Jon Easter, Senior Director, Delivery and Payment Reform, US Public Policy, GlaxoSmithKline Vera Oziransky, Project Manager, Vitality Institute
5:00	**Reflections on and reactions to the day** Moderator, George Isham, Senior Advisor, HealthPartners, Senior Fellow, HealthPartners Institute for Education and Research; co-chair, Roundtable on Population Health Improvement and member of the planning committee
5:30	**Adjourn**

For more information about the roundtable, visit www.iom.edu/pophealthrt or email pophealthrt@nas.edu.

Live Tweeting? Please use #PopHealthRT.

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Roundtable on Population Health Improvement

APPLYING A HEALTH LENS II: THE ROLE AND POTENTIAL OF THE PRIVATE SECTOR TO IMPROVE ECONOMIC WELL-BEING AND COMMUNITY OUTCOMES: A WORKSHOP

June 4, 2015

Planning Committee Roster *and* Biosketches of Moderators and Planning Committee Members

Workshop Planning Committee Roster

Raymond J. Baxter, Senior Vice President, Community Benefit, Research and Health Policy, Kaiser Permanente; and President, Kaiser International (planning committee chair)

Cathy Baase, Global Director of Health Services, The Dow Chemical Company

Maggie Super Church, independent consultant

David Dodson, President, MDC (formerly Manpower Development Corporation)

George Flores, Program Manager, The California Endowment

Mary Lou Goeke, Executive Director, United Way of Santa Cruz County

George Isham, Senior Advisor, HealthPartners, Inc., Senior Fellow, HealthPartners Institute for Education and Research

Martin José Sepúlveda, Fellow and Vice President, Health Research, IBM Research, International Business Machines Corporation

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Roundtable on Population Health Improvement

APPLYING A HEALTH LENS II: THE ROLE AND POTENTIAL OF THE PRIVATE SECTOR TO IMPROVE ECONOMIC WELL-BEING AND COMMUNITY OUTCOMES: A WORKSHOP

June 4, 2015

Planning Committee Roster *and* Biosketches of Moderators and Planning Committee Members

Workshop Planning Committee Roster

Raymond J. Baxter, Senior Vice President, Community Benefit, Research and Health Policy, Kaiser Permanente; and President, Kaiser International (planning committee chair)

Cathy Baase, Global Director of Health Services, The Dow Chemical Company

Maggie Super Church, independent consultant

David Dodson, President, MDC (formerly Manpower Development Corporation)

George Flores, Program Manager, The California Endowment

Mary Lou Goeke, Executive Director, United Way of Santa Cruz County

George Isham, Senior Advisor, HealthPartners, Inc., Senior Fellow, HealthPartners Institute for Education and Research

Martin José Sepúlveda, Fellow and Vice President, Health Research, IBM Research, International Business Machines Corporation

Biosketches of Speakers, Moderators, and Planning Committee Members[1]

Farad Ali, MBA, is the President and Chief Executive Officer of The Institute (formerly the NC Institute of Minority Economic Development). He has over 25 years of experience in banking, small business development and public service. Mr. Ali directs the Institute staff in the development and implementation of programs and strategies that work to improve the utilization of Historically Underutilized Businesses. Prior to becoming president, Mr. Ali led business development teams and helped Fortune 1000 companies develop supplier diversity utilization programs and leverage procurement opportunities. As senior vice president he led a team in providing strategic business consulting and technical support to help client companies build partnerships and maximize their access to markets. Mr. Ali serves on the boards of the National Minority Supplier Development Council and the Airport Minority Advisory Council, is Chairman of the Duke Regional Hospital Board of Trustees, a community hospital affiliated with Duke University Hospital, and he is immediate past chairman of the Carolinas Minority Supplier Development Council. He served as Durham City Councilman from 2007-2011. Mr. Ali has an MBA from Campbell University, post graduate studies in Emerging Business Markets from Dartmouth College, Tuck School of Business, and a Bachelor's in Business Administration, UNC Chapel Hill.

Raymond J. Baxter, Ph.D.,[†,*] is Kaiser Permanente's senior vice president for Community Benefit, Research and Health Policy. As a member of Kaiser's National Executive Team, Dr. Baxter leads the organization's activities to fulfill its social mission, including care and coverage for low income people, community health initiatives, health equity, environmental stewardship and support for community-based organizations. He also leads Kaiser Permanente's work in research, health policy and diversity, and serves as President of KP International. Dr. Baxter has more than 35 years of experience managing public health, hospital, long-term care and mental health programs, including heading the San Francisco Department of Public Health and the New York City Health and Hospitals Corporation. Dr. Baxter also led The Lewin Group, a noted health policy firm. He serves on the Advisory Boards of the UC Berkeley School of Public Health and the Duke University Institute for Health Innovation; the Board of the CDC Foundation; and the Global Agenda Council on Health of the World Economic Forum. Dr. Baxter holds a doctorate from the Woodrow Wilson School of Public and International Affairs at 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 September 2006 he received the CDC Foundation Hero Award for addressing the health consequences of Hurricane Katrina in the Gulf Coast, and for his longstanding commitment to improving the health of communities. Dr. Baxter is a member of the Institute of Medicine's Roundtable on Population Health Improvement and the Roundtable on Value and Science-Driven Healthcare.

Cathy Baase, M.D., FAAFP, FACOEM,[†,*] is the Global Director of Health Services for The Dow Chemical Company, with direct responsibility for leadership and management of all

[1]Notes: Names appear in alphabetical order; "†" = member of the workshop planning committee; "*" = member of the IOM Roundtable on Population Health Improvement.

Occupational Health, Epidemiology, and Health Promotion programs and staff around the world. Dr. Baase is a key driver of the Dow Health Strategy. In combination with her role at Dow, Dr. Baase is active in a number of organizations and associations. She is the Chair of the Board of Directors of the Michigan Health Information Alliance (MIHIA), a multi-stakeholder collaborative dedicated to improving the health of people in 14 counties of central Michigan. She is currently serving as a member of the Population Health Roundtable of the Institute of Medicine, National Academy of Sciences, the Public Health – Health Care Collaboration Workgroup (PHHCC) of the Advisory Committee to the Director (ACD) of Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation Roadmaps to Health Advisory Board, The National Quality Forum's (NQF) advisory group for the *Multi-stakeholder Input on a National Priority: Improving Population Health by Working with Communities* project, and Co-Chair of the Health Enhancement Research Organization, HERO, Employer-Community Committee. Dr. Baase served as a board member of the Partnership for Prevention for more than 10 years and the Board of Directors of the PCPCC, Patient Centered Primary Care Collaborative for three years. For several years she has been a member of the American College of Occupational and Environmental Medicine, ACOEM, Health and Productivity Committee and was previously a member of the Clinical Research Roundtable of the Institute of Medicine, The National Academies. She is a Fellow in the American College of Occupational and Environmental Medicine and a Fellow in the American Academy of Family Physicians. Under her leadership, the health programs of The Dow Chemical Company have been extensively recognized for their innovation and achievement around the world.

Maggie Super Church, M.Sc.,[†] is an independent consultant working with mission-driven clients to advance sustainable and equitable development. Her expertise spans multiple fields, including urban design and planning, real estate development, community engagement, environmental improvement and public health. She brings more than a decade of experience conceptualizing and building innovative cross-sector projects and initiatives that bring people together around a common vision for change. Currently, she is working with the Conservation Law Foundation to create metrics and investment criteria for a "Triple Bottom Line" private equity fund aimed at supporting healthy neighborhood development. For Lawrence CommunityWorks, a non-profit Community Development Corporation, she managed the master planning and Phase One development of Union Crossing, a nationally award-winning $75MM mixed- use mill redevelopment project. As Executive Director/Associate Director of Groundwork Lawrence, Ms. Church led the organization's growth from a small start-up to a dynamic statewide and national model for public-private partnership. Her prior work includes the award-winning Eastern Cambridge Master Plan for Goody, Clancy & Associates. She is currently a Fellow at the MassInc Gateway Cities Innovation Institute and serves as the Board Chair for Groundwork USA. Ms. Church earned her Master of City Planning Degree at the Massachusetts Institute of Technology, where she was the recipient of the Wallace Floyd Award for City Design and Development and the MIT/DUSP Excellence in Public Service Award. Ms. Church is a Truman Scholar and received her M.Sc. in Urban Design at Edinburgh College of Art.

Gary Cohen is the President and Co-Founder of Health Care Without Harm and Practice Greenhealth. He was instrumental in bringing together the NGOs and hospital systems that formed the Healthier Hospitals Initiative. All three were created to transform the health care

sector to be environmentally sustainable and serve as anchor institutions to support environmental health in their communities. Prior to his work at Health Care Without Harm, Mr. Cohen was Executive Director of the Environmental Health Fund. He helped build coalitions and networks globally to address the environmental health impacts related to toxic chemical exposure and climate change. Mr. Cohen is a member of the International Advisory Board of the Sambhavna Clinic in Bhopal, India, which has been working for over 25 years to heal people affected by the Bhopal gas tragedy and to fight for environmental cleanup in Bhopal. He is also on the Boards of the American Sustainable Business Council, Health Leads, and Coming Clean. Mr. Cohen received his bachelor's in philosophy from Clark University. His notable awards include the 2013 Champion of Change Award for Climate Change and Public Health from the White House; and the Game Changer in Healthy Living from The Huffington Post. Mr. Cohen has also received the Skoll Award for Social Entrepreneurship, the Frank Hatch Award for enlightened public service, and an Environmental Merit Award from the New England Office of the EPA in recognition of exceptional work and commitment to the environment. He is also an Ashoka Fellow.

David Dodson, M.A., M.P.P.M.,† is the President of MDC (formerly Manpower Development Corporation). Dodson has directed major projects to increase student success in public schools and community colleges, address regional economic decline, strengthen community philanthropy, and build multiracial leadership across the South and the nation. As president of MDC since 1999, he frequently speaks around the country on the imperative of advancing equity and opportunity for low-wealth and marginalized communities and has advised major philanthropic foundations on strategies to address poverty and reduce social disparities, based on the premise that "society benefits when everyone succeeds." Prior to joining MDC, he served as executive director of the Cummins Foundation and director of corporate responsibility for Cummins, a Fortune 500 manufacturer of diesel power systems based in Columbus, Ind., that is widely recognized for its ethical performance. He is a member of the boards of The Mary Reynolds Babcock Foundation, the Public Welfare Foundation, the Center for Law and Social Policy, and Durham Technical Community College. He is coauthor of numerous MDC publications on issues of regional economic competitiveness, educational attainment, youth and young adult employment, and strategic philanthropy. Mr. Dodson has his master's in ethics and theology from Yale Divinity School, and a master's in public and private management from the Yale School of Organization and Management.

Jon Easter, RPh, is Senior Director of delivery and payment reform at GlaxoSmithKline (GSK). His primary focus is health care transformation and the health information technology (HIT) policy environment, where he works to maximize its value to enable better health care quality, enhance the U.S. health care delivery system, and ultimately improve patient outcomes. At GSK, Mr. Easter has championed the company's involvement in North Carolina First in Health, one of the nation's leading patient-centered medical home projects. He was also directly involved with replication of the Asheville Project, a recognized model for care coordination to improve patient outcomes for chronic disease. Mr. Easter has spent 20 years in the pharmaceutical industry. In addition to his public policy experience, he has implemented patient registry systems within GSK's care management division, covered the Pacific Northwest for the state government affairs organization, and spent several years as a sales representative and district sales manager. He graduated from the University of Georgia, where he received his B.S. in Pharmacy. He is a licensed R.Ph.

George Flores, M.D., M.P.H.,[†,*] is Program Manager for The California Endowment's Healthy California Prevention team. His work focuses on grant-making to improve health and equity through community-based prevention and a transformational health workforce. His strategies involve strengthening the public health system, linking primary care and community-based prevention, and fostering cross-sector collaboration to address the social and environmental factors that shape health outcomes. Dr. Flores previously managed grant-making to develop models of health-supportive policies and community environments, including Healthy Eating Active Communities and the Central California Regional Obesity Prevention Program, two nationally-prominent multi-site, multi-sector programs to prevent childhood obesity that provided key lessons for the development of The Endowment's Building Healthy Communities strategy. Previously, Dr. Flores served as Public Health Officer in San Diego and Sonoma Counties. He is a founder of the Latino Coalition for a Healthy California. Dr. Flores received his M.D. from the University of Utah and his M.P.H. from Harvard University. He is an alumnus of the Kennedy School of Government's Executive Program and the National Public Health Leadership Institute. Dr. Flores was recognized by the National Hispanic Medical Association as 2011 Physician of the Year for his work that addresses social and environmental inequities and the role of communities in advancing policy and systems change to improve health. He is a member of two Institute of Medicine committees that published landmark reports: Preventing Childhood Obesity: Health in the Balance; and The Future of the Public's Health in the 21st Century. He is currently a member of the IOM Roundtable on Population Health Improvement.

Ian Galloway, M.P.P., is a senior research associate at the Federal Reserve Bank of San Francisco. Mr. Galloway researches and presents regularly on a variety of community development topics including crowdfunding, investment tax credits, the social determinants of health, impact investing, and Pay for Success financing (Social Impact Bonds). He recently co-edited *Investing in What Works for America's Communities*, a collection of essays jointly published with the Low Income Investment Fund on the future of anti-poverty policy. He also published the article "Using Pay for Success to Increase Investment in the Nonmedical Determinants of Health" in the November 2014 issue of the health policy journal *Health Affairs*. Previously, Mr. Galloway developed a social enterprise (virginiawoof.com) for the Portland, Oregon, homeless youth agency Outside In. He holds a master's in public policy from the University of Chicago.

Mary Lou Goeke, M.S.W.,[†,*] has held the position of Executive Director of United Way of Santa Cruz County from 1992 to the present. She is responsible for overall management and administration for the organization including strategic planning, new program development, financial oversight, liaison with funded community agencies, the business community, and government partners. She founded and staffs the Community Assessment Project, the internationally recognized, second oldest community progress report in the United States. From 1981 to 1992, she held positions of increasing responsibility with Catholic Charities of the Archdiocese of San Francisco, the San Francisco Bay Area's largest private human services and community development agency. Initially hired as Director of Aging Services in the San Francisco County branch agency, she then became Director of Parish and Community Services in that agency and then Executive Director of the San Francisco County agency. She then held the position of General Director and CEO of the three county agencies, which includes San

Francisco, Marin and San Mateo counties. As General Director she held two other related positions: Archdiocesan Director, Catholic Relief Services and Archdiocesan Director, Campaign for Human Development. Prior to working for Catholic Charities, she served from 1979 to 1981 with the American Society for Aging as Policy and Legislation Coordinator. Before that, she worked from 1975 to 1979 for the State of Missouri Department of Aging, starting as a Field Representative and being promoted to the position of Director of Planning, Research and Evaluation. She received her master's in social work from the University of Missouri (1975). She currently serves as a member of the IOM Roundtable on Population Health Improvement and has served on other IOM planning committees including the Planning Committee for Resources for Population Health Improvement: A Workshop (2014).

Anne Griffith, JD, is the Senior Program Director of HOPE SF at Enterprise Community Partners in San Francisco. The program expands Enterprise's role as a key player in public housing revitalization and building on the momentum of the Campaign for HOPE SF in implementing strategic recommendations. Prior to this position, Ms. Griffith served jointly as the Interim Executive Director of the Oakland Community Land Trust and as a Senior Program Associate at Urban Strategies Council. As the Interim Director of the Oakland Community Land Trust (OakCLT), she collaborated with many partners, including the City of Oakland, homebuyer education providers, real estate developers, lenders, philanthropies, community partners and technical assistance providers to create and implement an affordable housing program in Oakland. As a Senior Program Associate at Urban Strategies Council, she facilitated and coordinated meetings in Bayview Hunters Point on behalf of various base-building groups to negotiate a community benefits agreement as a part of the large-scale development occurring in Bayview Hunters Point. Prior to her work in this capacity in Oakland, she was a transactional real estate attorney focused in the area of affordable housing.

George Isham, M.D., M.S.[†,*]**,** is Senior Advisor to HealthPartners, responsible for working with the board of directors and the senior management team on health and quality of care improvement for patients, members and the community. Dr. Isham is also Senior Fellow, HealthPartners Research Foundation and facilitates forward progress at the intersection of population health research and public policy. Dr. Isham is active nationally and currently co-chairs the National Quality Forum convened Measurement Application Partnership, chairs the National Committee for Quality Assurances' clinical program committee and a is member of NCQA's committee on performance measurement. He is a former member of the Center for Disease Control and Prevention's Task Force on Community Preventive Services and the Agency for Health Care Quality's United States Preventive Services Task Force and currently serves on the advisory committee to the director of Centers for Disease Control and Prevention. His practice experience as a general internist was with the United States Navy, at the Freeport Clinic in Freeport, Illinois, and as a clinical assistant professor of medicine at the University of Wisconsin Hospitals and Clinics in Madison, Wisconsin. In 2014 Dr. Isham was elected to the Institute of Medicine, National Academy of Sciences. Dr. Isham is chair of the Institute of Medicine's Roundtable on Health Literacy and has chaired three studies in addition to serving on a number of IOM studies related to health and quality of care. In 2003 Dr. Isham was appointed as a lifetime National Associate of the National Academies of Science in recognition of his contributions to the work of the Institute of Medicine.

Carla Javits, M.P.P., is the President and CEO of The Roberts Enterprise Development Fund (REDF). She provides the leadership and vision that drives its mission to provide equity-like investments and business assistance to social enterprises, mission-driven businesses focused on hiring and assisting people facing barriers to work. Inspired by the leadership of REDF's founder, George R. Roberts, Ms. Javits focuses on achieving measurable results by leveraging the business community's knowledge, networks, and resources, and the mission of the nonprofit to create jobs and tackle the challenges of homelessness, incarceration, mental health, and addiction. In overseeing strategy, relationship building, and fundraising, Ms. Javits works directly with the leadership team as well as the Board of Directors and Advisory Council that are instrumental to REDF's success. In leading an expansion from the Bay Area to new horizons in Southern California, she has laid the foundation for REDF to impact the lives of many more people nationwide. Before coming to REDF, Ms. Javits was the national President and CEO of the Corporation for Supportive Housing, where she was responsible for providing grants, loans, and technical assistance to service-enriched housing initiatives that ended homelessness for tens of thousands. She was Program Analyst with the California Office of the Legislative Analyst and Director of Policy and Planning for the San Francisco Department of Social Services. She serves on the Board of Directors of the Social Enterprise Alliance and the Melville Charitable Trust and as an Advisor to the Center for the Advancement of Social Entrepreneurship at Duke University. She is a member of the Advisory Committee of The Philanthropic Initiative as well as the Insight Center for Community Economic Development National Advisory Board. Ms. Javits holds a master's in public policy from the University of California–Berkeley. Under Ms. Javits leadership, REDF was awarded a federal Social Innovation Fund grant by the Corporation for National and Community Service, and the Los Angeles Business Times Nonprofit Social Enterprise of the Year award in 2013. San Francisco Magazine recognized Ms. Javits in their list of innovative Bay Area Philanthropists.

David A. Kindig, M.D., Ph.D., is Emeritus Professor of Population Health Sciences and Emeritus Vice-Chancellor for Health Sciences at the University of Wisconsin–Madison, School of Medicine. Dr. Kindig served as Professor of Preventive Medicine/Population Health Sciences at the University of Wisconsin from 1980 to 2003. His prior positions include: Vice Chancellor for Health Sciences at the University of Wisconsin-Madison (1980 to1985); Director of Montefiore Hospital and Medical Center (1976 to 1980); Deputy Director of the Bureau of Health Manpower, U.S. Department of Health, Education and Welfare (1974 to 1976); and the First Medical Director of the National Health Services Corps (1971 to 1973). He was National President of the Student American Medical Association in 1967–68. He was an initial Co-Principal Investigator on the Robert Wood Johnson MATCH grant under which the County Health Rankings were developed and was the Founder of the RWJF Roadmaps to HealthPrize. From 2011 to 2103 he was Editor of the Improving Population Health blog. He received his M.D. and Ph.D. degrees from the University of Chicago School of Medicine in 1968. He completed residency training in Social Pediatrics at Montefiore Hospital in 1971. He served as Chair of the federal Council of Graduate Medical Education (1995 to 1997), President of the Association for Health Services Research (1997 to 1998), a ProPAC Commissioner from 1991–94 and as Senior Advisor to Donna Shalala, Secretary of Health and Human Services from 1993-95. In 1996 he was elected to the Institute of Medicine, National Academy of Sciences. He received the Distinguished Service Award, University of Chicago School of Medicine 2003. He chaired the Institute of Medicine Committee on Health Literacy in 2002 to 2004; chaired

Wisconsin Governor Doyle's Healthy Wisconsin Taskforce in 2006; and received the 2007 Wisconsin Public Health Association's Distinguished Service to Public Health Award. He is currently a Co-Chair of the IOM Roundtable on Population Health Improvement and Co-Directs the Wisconsin site of the Robert Wood Johnson Health and Society Scholars Program.

Dan Kinkead, M.L.A.U.D., is director of projects of the Detroit Future City (DFC) Implementation Office. In this role, he provides leadership, strategic coordination and technical expertise for the many projects that are led or supported by the DFC Implementation Office. Mr. Kinkead has worked with the DFC Implementation Office since its inception, where he led the initial process to build the implementation team, secure operational funding, develop the organization's steering committee and spearhead its first set of projects and initiatives. Prior to joining the DFC Implementation Office, Dan was a design principal with Hamilton Anderson Associates (HAA), where he led the design studio for architecture and urban design, and managed the land use and neighborhoods research and planning for DFC. This included leading the team that assembled the 350-page DFC Strategic Framework report that serves as the platform for transformation in Detroit. Mr. Kinkead's work with HAA also included projects such as a new Language Arts Building for Michigan State University, master plans for The Children's Center and Pewabic Pottery, and the redesign and renovation of the Flint Mass Transit Authority's downtown commuter hub. Prior to working with HAA, Mr. Kinkead was an urban designer with Skidmore Owings & Merrill, LLP in New York, where he worked on large scale innovation district designs for continental Europe and China. He graduated from Harvard University with a master's of architecture in urban design. Mr. Kinkead is a registered architect and his work has been published in a range of national and international media, including Architect, The Plan, and Architectural Record.

Vera Oziransky, M.P.H., is a project manager at the Vitality Institute, where she leads work on employer-led workplace and community health promotion, design for health, and mental well-being (which we refer to as Brain Health). Prior to her work at the Vitality Institute, Ms. Oziransky was the Senior Policy Analyst at the New York City Department of Health and Mental Hygiene's Office of External Affairs. She led the development of Take Care New York, the city's five year health agenda, and provided expertise in the development of the health department's priority policy initiatives. Prior to this role, Ms. Oziransky directed New York City's tobacco mentoring activities for Centers for Disease Control and Prevention's Communities Putting Prevention to Work initiative, consulting with 12 health departments nationwide on tobacco control policy, media, and coalition building. She also served as the Director of Research and Advocacy at the National Alliance on Mental Illness of New York City (NAMI-NYC Metro), where she directed the workplace mental health benefits project and designed and published the sole and largest qualitative evaluation of the mental health parity law in New York State, demonstrating the barriers faced by mental health consumers in accessing health benefits. She has her master's in public health from Yale School of Public Health.

Victor Rubin, Ph.D., M.C.P., is the Vice President for Research at PolicyLink. Dr. Rubin leads, designs, and conducts knowledge-building activities to create a strong research base for PolicyLink. An urban planner with broad experience in community development, education, and social policy, he guides the PolicyLink analyses of issues in infrastructure, economic growth, healthy communities, youth development, and other areas. His research interests include: transportation and infrastructure equity; impact of urban planning and the built environment on

health; post-Katrina rebuilding; community economic development; and community-university partnerships. Dr. Rubin previously directed the U.S. Department of Housing and Urban Development's Office of University Partnerships, and served as a director of community partnerships and adjunct associate professor of city and regional planning at the University of California, Berkeley. He is the author of "Retail Development in Changing Neighborhoods: New Markets, New Investments, and the Prospects for Mixed Income, Racially Diverse Populations" a chapter in Public Housing and the Legacy of Segregation (2008, Austin, Popkin and Rawlings, editors) and "The Roots of the Urban Greening Movement," a chapter in Growing Greener Cities: Urban Sustainability in the Twenty-First Century (2008, Birch and Wachter, eds.) Dr. Rubin holds an M.C.P. and Ph.D. in planning from UC Berkeley.

Martin José Sepúlveda, M.D., FACP,[†,*] is an IBM Fellow and Vice President of Health Industries Research for the IBM Corporation. He leads a global team of health industry subject matters experts guiding applied research in diverse disciplines for health care systems solutions and transformation in mature and rapid growth countries worldwide. Before this, he served as IBM Vice President for Integrated Health Services and led health policy, strategy, health benefits design and purchasing, occupational health, wellness and health productivity for IBM globally. He is a Fellow of the American College of Physicians, the American College of Preventive Medicine, and the American College of Occupational and Environmental Medicine. Dr. Sepúlveda was elected an honorary member of the American Academy of Family Medicine and serves on the American Board of Internal Medicine Foundation; the Commonwealth Fund Commission for a High Performance Health System; and the Council on Health Research for Economic Development. He is chair of the Global Business Group on Health and the Institute for Health Benefits Innovation Research at the Employee Benefits Research Institute. He received his M.D. and M.P.H. degrees from Harvard University and completed residencies in internal medicine at the University of California—San Francisco Hospitals and Occupational/Environmental Medicine at the National Institute for Occupational Safety and Health. Dr. Sepúlveda trained in the Epidemic Intelligence Service of the U.S. Centers for Disease Control, and completed a fellowship in internal medicine at the University of Iowa Hospitals and Clinics. He is a member of the Institute of Medicine's Population Health and Public Health Practice Board.

Lawrence A. Soler, JD, is President and CEO of the Partnership for a Healthier America (PHA), which works with the private sector and First Lady Michelle Obama to reverse the childhood obesity epidemic. Since 2010, PHA has garnered more than 150 commitments to offer healthier options or increase physical activity with leading brands including Walmart, Nike, and Sodexo. PHA also operates leading marketing campaigns promoting water (Drink Up) and fruits and vegetables (FNV) with fresh advertising that is popular with kids and families. Prior to joining PHA, Mr. Soler was Chief Operating Officer for the Juvenile Diabetes Research Foundation, a $200 million voluntary health organization. While leading JDRF, the organization was recognized by National Journal as one of the most powerful interest groups in Washington DC. The *New York Times* said "not since AIDS activists stormed scientific meetings in the 1980s has a patient group done more to set the agenda of medical research." *Time* magazine called JDRF "one of the nation's most forceful disease advocacy groups." Mr. Soler received a B.A. with honors from Clark University and his J.D. from George Washington University. He serves on the Board of Directors of the JDRF.

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

ROSTER OF ROUNDTABLE ON POPULATION HEALTH IMPROVEMENT

CO-CHAIRS

George J. Isham, MD, MS (Co-chair)
Senior Advisor, HealthPartners
Senior Fellow, HealthPartners Institute for Education and Research
HealthPartners, Inc

David A. Kindig, MD, PhD (Co-chair)
Professor Emeritus of Population Health Sciences
Emeritus Vice Chancellor for Health Sciences
University of Wisconsin-Madison
School of Medicine

MEMBERS

Terry Allan, RS, MPH
President, National Association of County and City Health Officials
Health Commissioner
Cuyahoga County Board of Health

Catherine Baase, MD
Global Director of Health Services
The Dow Chemical Company

Gillian Barclay, DDS, MPH, DrPH

Raymond J. Baxter, PhD
Senior Vice President, Community Benefit, Research and Health Policy, Kaiser Permanente
President, Kaiser Permanente International

Raphael Bostic, PhD
Professor
Judith and John Bendrosian Chair in Governance and the Public Enterprise
Sol Price School of Public Policy
University of Southern California

Debbie I. Chang, MPH
Vice President, Policy and Prevention
Nemours

Carl Cohn, EdD
Director, Urban Leadership Program
Professor
Claremont Graduate University

Charles J. Fazio, MD
Senior Vice President and Medical Director
HealthPartners Health Plan
HealthPartners

Lila J. Finney Rutten, PhD, MPH
Associate Scientific Director
Population Health Science Program
Department of Health Sciences Research, Division of Epidemiology
Center for the Science of Health Care Delivery
Mayo Clinic

Alan Gilbert
Director of Global Government and NGO Strategies
GE Healthymagination

George R. Flores, MD, MPH
Program Manager
The California Endowment

Mary Lou Goeke, MSW
Executive Director
United Way of Santa Cruz County

Marthe R. Gold, MD
Visiting Scholar
New York Academy of Medicine

Garth Graham, MD, MPH, FACP
President
Aetna Foundation

Peggy A. Honoré, DHA
Director, Public Health System, Finance, and Quality Program
Office of the Assistant Secretary for Health
Department of Health and Human Services

Robert Hughes, PhD
President & CEO
Missouri Foundation for Health

Robert M. Kaplan, PhD
Chief Science Officer
Agency for Healthcare Research and Quality

James Knickman, PhD
President & CEO
New York State Health Foundation

Paula Lantz, PhD
Professor and Chair
Department of Health Policy
George Washington School of Public Health and Health Services

Michelle Larkin, JD, MS, RN
Assistant Vice President, Program Portfolios
Robert Wood Johnson Foundation

Thomas A. LaVeist, PhD
William C and Nancy F Richardson Professor in Health Policy
Director, Hopkins for Health Disparities Solutions
Department of Health Policy & Management
Johns Hopkins University

Jeffrey Levi, PhD
Executive Director
Trust for America's Health

Sarah R. Linde, MD
RADM US Public Health Service
Chief Public Health Officer
Health Resources and Services Administration

Sanne Magnan, MD, PhD
President and CEO
Institute for Clinical Systems Improvement

Jacqueline Martinez Garcel, MPH
Vice President
New York State Health Foundation

Phyllis D. Meadows, PhD, RN, MSN
Senior Fellow, Health Program
Kresge Foundation
Associate Dean for Practice, Office of Public Health Practice
Clinical Professor, Health Management and Policy
School of Public Health
University of Michigan

Bobby Milstein, PhD, MPH
Director
ReThink Health

Judith A. Monroe, MD, FAAFP
Director, Office for State, Tribal, Local and Territorial Support
Centers for Disease Control and Prevention

José T. Montero, MD, MHCDS
Vice President of Population Health and Health Systems Integration
Cheshire Medical Center/Dartmouth Hitchcock Keene

Mary Pittman, DrPH, MPH, MCP
President and CEO
Public Health Institute

Pamela Russo, MD
Senior Program Officer
Robert Wood Johnson Foundation

Brian Sakurada, PharmD
Senior Director, Managed Markets and Integrated Health Systems
Novo Nordisk Inc

Martín Jose Sepúlveda, MD, FACP
Fellow and Vice President, Health Industries Research, IBM Corporation

Andrew Webber
CEO
Maine Health Management Coalition

Applying a Health Lens II
The Role and Potential of the Private Sector to Improve Economic Well-Being and Community Outcomes
Roundtable on Population Health Improvement
June 4, 2015
Draft Resource List

Readings for the workshop are grouped below according to panel, order of speaker (see agenda), and theme rather than alphabetical order. Pages 6-10 are additional background readings. This is not meant to be an exhaustive list, but rather to illustrate some of the breadth of private sector activities and partnerships contributing to improving community health and well-being.

Keynote

Galloway, I. 2014. Using pay-for-success to increase investment in the nonmedical determinants of health. *Health Affairs (Millwood)* 33(11):1897-1904. http://content.healthaffairs.org/content/33/11/1897.full.pdf+html

The combination of fee-for-service payments and the US health care system's standing commitment to treating existing illness discourages spending on the behavioral, social, and environmental (that is, the nonmedical) conditions that contribute most to long-term health. Pay-for-success, alternatively known as social impact bonds, or SIBs, offers a possible solution. The pay-for-success model relies on an investor that is willing to fund a nonmedical intervention up front while bearing the risk that the intervention may fail to prevent disease in the future. Should the intervention succeed, however, the investor is repaid in full by a predetermined payer (such as a public health agency) and receives an additional return on its investment as a reward for taking on the risk. Pay-for-success pilots are being developed to reduce asthma-related emergencies among children, poor birth outcomes, and the progression of prediabetes to diabetes, among other applications. These efforts, supported by key policy reforms such as public agency data sharing and coordinated care, promise to increase the number of evidence-based nonmedical service providers and seed a new market that values health, not just health care.

Panel I. Businesses Changing their Practices to Produce Health

Partnership for a Healthier America. 2014. *In it for good. 2013 annual progress report. Executive brief.* Washington, D.C.: Partnership for a Healthier America. http://ahealthieramerica.org/about/annual-progress-reports/

Cardello, H. 2014. A refreshing (and successful) approach to the war on obesity. *Forbes*, April 29. http://www.forbes.com/sites/forbesleadershipforum/2014/04/29/a-refreshing-and-successful-approach-to-the-war-on-obesity/

Macvean, M. 2014. Households with kids ate less junk food in 2012 than '07, report says. *Los Angeles Times*, September 17. http://www.latimes.com/science/sciencenow/la-sn-sci-us-households-with-kids-bought-less-junk-food-in-2012-than-in-2007-report-says-20140916-story.html#page=1

Tavernise, S. 2014. Obesity rate for young children plummets 43% in a decade. *The New York Times*, February 25. http://www.nytimes.com/2014/02/26/health/obesity-rate-for-young-children-plummets-43-in-a-decade.html?_r=0

Dow (The Dow Chemical Company). Dow 2025 sustainability goals. http://www.dow.com/en-us/science-and-sustainability/sustainability-reporting

———. *Breakthrough to a world challenge. Betamate(tm) structural adhesives.* http://storage.dow.com.edgesuite.net/dow.com/sustainability/goals/BTWC-White-Paper-BETAMATE-TM-Structural-Adhesives-Web.pdf

———. *Breakthrough to a world challenge. Dow filmtec(tm) eco reverse osmosis elements.* http://storage.dow.com.edgesuite.net/dow.com/sustainability/goals/Breakthrough-to-World-Challenges-White-Paper-FILMTEC-TM-ECO-RO-Elements.pdf

———. *Breakthrough to world challenges. Breakthrough collaboration: Dow and unilever. Lifebuoy (tm) soap featuring polyox(tm) water-soluble polymers.* http://storage.dow.com.edgesuite.net/dow.com/sustainability/goals/Breakthrough-to-World-Challenges-Dow-Unilever-on-Lifebuoy-TM-Soap-feat-POLYOX-TM-Polymers-White%20Paper-141009.pdf

———. *Omega-9 oils breakthrough to a world challenge.* http://www.omega-9oils.com/

Healthier Hospitals Initiative. 2015. *Leading communities to a healthier future. 2014 milestone report.* Reston, VA: Healthier Hospitals Initiative c/o Practice Greenhealth. http://healthierhospitals.org/sites/default/files/IMCE/fnl_hhi_milestone_report_rev.pdf

The Healthier Hospitals Initiative (HHI) involves nearly 1,000 hospitals across the country that reduced their environmental footprint, lowered costs and improved the health of patients and staff. Launched in April 2012, HHI was designed as a three-year national campaign to promote a more sustainable business model for health care, while reducing the negative health and environmental impacts of the industry. The 2014 Milestone Report summarizes three years of progress among hospitals big and small, rural and urban that submitted data to quantify their sustainability efforts across six challenge areas: Engaged Leadership, Healthier Food, Leaner Energy, Less Waste, Safer Chemicals and Smarter Purchasing.

Guenther, R., and G. Cohen. 2014. Energy to heal: Health care, climate change, and community resilience. *Community Development Investment Review*. http://www.frbsf.org/community-development/files/cdir_vol10issue1-Energy-to-Heal.pdf

Today, the health care sector has a critical role to play in both reducing climate change effects and improving the resilience of the communities it serves. In the United States and beyond, the health care industry is increasingly among the major energy consumers in any given region, and the industry is among the largest local employers in many areas of the country. Collectively, hospitals have begun to commingle their identities as consumers, industries, and citizens. They are exerting both upstream leverage on their supply chains and downstream influence on their employees and patients. Leading health care organizations are navigating shifting economics,

patient expectations, and regulatory challenges to transform their practices to become leaders on a low-carbon development path and anchors for climate resilience.

Panel II. Developing Human Capital in Communities

REDF. http://redf.org/

REDF creates jobs and employment opportunities for people facing the greatest barriers to work. We do it by investing capital and expertise in mission-driven organizations. We help them build their business. Expand their markets. Measure the results. And reinvest in programs to employ more people. We call it social enterprise. It's a revolutionary approach that can transform our economy. By giving people an opportunity to change their lives with a job, REDF believes we can build an America that works for all of us.

Roberts, G. R. 2015. Bringing a business approach to doing good: A job is better than a handout. Here's the 'social enterprise' way to put people to work. *The Wall Street Journal*, http://webreprints.djreprints.com/3582030828345.html

Javits, C. 2015. The results are in: Social enterprise works. *Huffington Post.* http://www.huffingtonpost.com/carla-javits/the-results-are-in-social-enterprise-works_b_6617652.html

Made in Durham. http://www.mdcinc.org/projects/made-durham

Made in Durham is a public-private partnership committed to ensuring all Durham youth and young adults complete a postsecondary credential and begin a rewarding career by the age of 25. Partners are committed to helping youth and young adults, ages 14-24 navigate through education and into work – an education-to-career system. Its central premise is that all Durham's youth and young adults are entitled to a first-rate education and training system that prepares them for successful adulthood and good jobs in Durham's labor market. Equally, the measure of this system's value must be that it works as well for the most disconnected young person as it does for the most privileged.

———. 2014. *Made in Durham phase 1 action plan 2014-2016.* Durham, N.C. Made in Durham.http://mdcinc.org/sites/default/files/resources/MID%20Action%20Plan%20Dec2014%20FINAL.pdf

Strattan, C., M. Rose, A. Parcell, and J. Mooney. 2012. *Made in Durham: Building an education-to-career system.* Durham, N.C.: Made in Durham. http://www.mdcinc.org/sites/default/files/resources/Made%20in%20Durham%20PRINT%20%2011%2013%2012-FINAL_0.pdf

———. 2012. *Made in Durham: Building an education-to-career system. Executive Summary.* Durham, N.C.: Made in Durham. http://www.mdcinc.org/sites/default/files/resources/Made%20in%20Durham%20EXECUTIVE%20SUMMARY%20%2010%2019%2012-FINAL_0.pdf

Panel III. Inequality and the Challenges of Revitalization

HOPE SF. Invest: Project Overview. http://hope-sf.org/overview.php

> For too long, San Francisco public housing residents have lived in dilapidated buildings in neglected neighborhoods with few opportunities to lift themselves out of poverty. In one of the most vibrant cities in the nation, they have struggled with poor schools, limited employment opportunities, and with a sense of isolation. HOPE SF is the nation's first large-scale public housing revitalization project to prioritize current residents while also investing in high-quality, sustainable housing and broad scale community development. In sites across San Francisco, HOPE SF will create thriving, mixed-income communities that provide residents healthy, safe homes and the support they need to succeed. Drawing on current research and backed by a combination of public and private funds, HOPE SF will set a new standard for success in public housing revitalization. Green buildings, better schools, new local businesses and onsite resident services will transform these communities and provide opportunities to the residents who have struggled here for generations. By enabling residents to remain in their neighborhoods during the redevelopment, HOPE SF will serve as a stabilizing force in some of San Francisco's poorest neighborhoods, helping African-Americans and families of all colors to remain in the city. HOPE SF will have one-to-one replacement of public housing units and phased development, allowing for on-site relocation of current residents and minimizing displacement during construction.

Urban Institute. *Best and promising practices: Trauma informed community building- a model for strengthening communities in trauma affected neighborhoods.* Washington, D.C.: Urban Institute. 3pages. http://www.societyhealth.vcu.edu/media/society-health/pdf/Best-Practices-Trauma-TICB-12.3.14.pdf

> The Trauma Informed Community Building (TICB) model is based on BRIDGE Housing Corporation's experience doing community building work over the past five years in the Potrero Terrace and Annex public housing sites in San Francisco, CA. BRIDGE Housing Corporation used the TICB model in Potrero to prepare for a major redevelopment of the property. Potrero is one of San Francisco's largest and most distressed public housing sites; BRIDGE Housing worked with residents, and partners developed the TICB model for community building.

Weinstein, E., J. Wolin, and S. Rose. 2014. *Trauma informed community building: A model for strengthening community in trauma affected neighborhoods.* San Francisco, CA: Bridge Housing Corporation. http://bridgehousing.com/PDFs/TICB.Paper5.14.pdf

Detroit City Framework. 2013. *2012 Detroit strategic framework plan.* Detroit, MI: Detroit Future City. http://detroitfuturecity.com/wp-content/uploads/2014/12/DFC_Full_2nd.pdf

> The Detroit Strategic Framework, articulates a shared vision for Detroit's future, and recommends specific actions for reaching that future. The vision resulted from a 24-month-long public process that drew upon interactions among Detroit residents and civic leaders from both the nonprofit and for-profit sectors, which together formed a broad-based group of community experts. From the results of this citywide public engagement effort, in turn, a team of technical

experts crafted and refined the vision, rendered specific strategies for reaching it, shared their work publicly at key points, and shaped it in response to changing information and community feedback throughout the process. The framework approach includes a focus on economic growth, land use, city systems, neighborhoods, land and building assets, and civic engagement.

———. 2013. *2012 Detroit strategic framework plan: Executive summary.* Detroit, MI: Inland Press.—— http://detroitfuturecity.com/wp-content/uploads/2014/02/DFC_ExecutiveSummary_2ndEd.pdf

Fukuda, C. 2014. Detroit's future city framework offers lessons on resilience. Sustainable Cities Blog. The World Bank. http://blogs.worldbank.org/sustainablecities/detroit-s-future-city-framework-offers-lessons-resilience

Panel IV. Investing in People and Partnerships to Create Healthy Communities

Ochs, A. 2014. What pharmaceutical giant **GSK** has been up to in Philly? *Inside Philanthropy*, http://www.insidephilanthropy.com/philadelphia/2014/12/3/what-pharmaceutical-giant-gsk-has-been-up-to-in-philly.html

Vitality Institute. 2014. *Investing in prevention: A national imperative.* New York, NY: Vitality Institute. http://thevitalityinstitute.org/site/wp-content/uploads/2014/06/Vitality_Recommendations2014.pdf

Provocative Readings on Rethinking the Role of the Private Sector

Dreier, P. 2015. *The revitalization trap: Place-based initiatives won't address the kinds of injustice and poverty that community development was formed to fight*. http://www.shelterforce.org/article/4111/the_revitalization_trap

Hollender, J. 2015. Net positive: The future of sustainable business. *Stanford Social Innovation Review*, April 29. http://www.ssireview.org/blog/entry/net_positive_the_future_of_sustainable_business?utm_source=Enews&utm_medium=Email&utm_campaign=SSIR_Now&utm_content=Title

Business efforts must become more sustainable and responsible to turn the tide on social inequity and environmental decay. Net positive is a new standard that can help ensure a resilient and regenerative world.

Marek, K. 2015. To create an inclusive economy, Rockefeller coaxes business to change how it thinks. *Inside Philanthropy*. http://www.insidephilanthropy.com/home/2015/5/18/to-create-an-inclusive-economy-rockefeller-coaxes-business-t.html

Porter, M. E., and M. R. Kramer. 2011. Creating shared value. *Harvard Business Review* https://hbr.org/2011/01/the-big-idea-creating-shared-value

ADDITIONAL BACKGROUND READING

Anchor Institutions

Kelly, M., and V. Duncan. 2014. *A new anchor mission for a new century: Community foundations deploying all resources to build community wealth.* Takoma Park, MD: Democracy Collaborative. http://democracycollaborative.org/new-anchor-mission

Schildt, C., and V. Rubin. 2015. *Leveraging anchor institutions for economic inclusion.* Oakland, CA: PolicyLink. http://www.policylink.org/sites/default/files/pl_brief_anchor_012315_a.pdf

Zuckerman, D. 2013. *Hospitals building healthier communities: Embracing the anchor mission.* Takoma Park, MD: The Democracy Collaborative http://community-wealth.org/sites/clone.community-wealth.org/files/downloads/Zuckerman-HBHC-2013.pdf

———. 2013. *Hospitals building healthier communities: Embracing the anchor mission. Report summary.* Takoma Park, MD: The Democracy Collaborative at the University of Maryland. http://community-wealth.org/sites/clone.community-wealth.org/files/Zuckerman-HBHC-2013-summary-twopage.pdf

Business Case for Healthy Community Development

Chen, B., B. Keppard, N. Sportiche, B. Wood, and L. E. Stillman. 2014. *The business case for healthy development and health impact assessments.* Health Resources in Action and Metropolitan Area Planning Council. http://www.hria.org/uploads/pdf/CITCBusinessCase.pdf

Choi, L. 2015. *Building a cross-sector coalition: Sustainable communities for all and California's cap-and-trade program.* San Francisco, CA: Federal Reserve Bank of San Francisco. http://www.frbsf.org/community-development/files/wp2015-02.pdf

Why should community developers care about cap-and-trade and what do carbon emissions have to do with low-income households? As it turns out, the fields of environmental sustainability and community development have significant overlap, particularly in the area of transit-oriented development, where issues of affordability, equity, and displacement converge with concerns such as vehicle miles traveled and greenhouse gas (GHG) emissions. The need to bridge these two fields has become even more pressing in California as a result of the State's cap-and-trade program which was implemented in 2012. This market-based regulatory framework creates requirements for GHG reductions while simultaneously generating billions of dollars in proceeds that the State can reinvest in other climate change prevention efforts. In response, numerous organizations launched intensive lobbying campaigns to try to influence how the funds would be appropriated. A new cross-sector coalition called Sustainable Communities for All (SC4A) successfully championed a joint platform that prioritized social equity and proposed allocating a significant percentage of cap-and-trade revenue to provide transportation choices and build homes affordable to lower-income households near transit.

The SF Fed embarked on this study to shine a light on the inner workings of a collaborative partnership that works on behalf of low-income communities, illustrating both the challenges and the lessons learned from such efforts.

Kramer, A., T. Lassar, M. Federman, and S. Hammerschmidt. 2014. *Building for wellness: The business case.* Washington, D.C.: Urban Land Institute. http://uli.org/wp-content/uploads/ULI-Documents/Building-for-Wellness-The-Business-Case.pdf

Does wellness make business sense as a development objective? How have developers pursued this objective? What has the market response been? And how have developers measured their success? This publication provides answers directly from developers who have completed projects with well- ness intentions. In 13 sets of interviews, developers explain their motivation, their intended wellness and health outcomes, the development process and operations as related to their health intentions, and the key issue in this publication—the metrics of market performance.

ULI (Urban Land Institute). 2013. *Intersections: Health and the built environment.* Washington, D.C.: Urban Land Institute. http://uli.org/wp-content/uploads/ULI-Documents/Intersections-Health-and-the-Built-Environment.pdf

This report explores the relationship between how healthy we are and the way our buildings and communities function. We can build our way to better health, it proposes, by changing our approach to cities, communities, and places. As real estate leaders and stewards of the built environment, we can do more to improve lives and foster healthy outcomes. And along the way, we can create places of enduring value.

Business case for participating in the creation of better health beyond the workplace

CEO Council on Health Innovation. 2014. *Building better health: Innovative strategies from America's business leaders.* Washington, D.C.: Bipartisan Policy Center. http://www.healthinnovationcouncil.org/wp-content/uploads/2015/01/BPC-CEO-Council-Health-Innovation.pdf

Committee for Economic Development of the Conference Board. 2015. *The role of business in promoting educational attainment: A national imperative.* Washington, D.C.: Committee for Economic Development of the Conference Board. http://www.luminafoundation.org/resources/the-role-of-business-in-promoting-educational-attainment

HERO. 2014. *Environmental scan: Role of corporate America in community health and wellness.* https://www.iom.edu/~/media/Files/Activity%20Files/PublicHealth/PopulationHealthImprovementRT/Background-Papers/PopHealthEnvScan.pdf (Print version available in July 2014 briefing book)

———. 2014. Phase II: Developing the business case -- world cafe. Role of corporate America in community health and wellness. http://hero-health.org/wp-content/uploads/2014/12/HERO-

RWJF-Phase-II-Role-of-Corporate-America-in-Community-Health-Wellness-v-2.pdf (Print version available in July 2014 briefing book)

National Business Coalition on Health and Community Coalitions Health Institute. 2013. *Community health partnerships: Tools and information for development & support.* NBCH. http://www.nbch.org/nbch/files/cclibraryfiles/filename/000000000353/community_health_partnerships_tools.pdf

Partnership for Prevention. 2011. *Leading by example: Creating healthy communities through corporate engagement.* Washington, D.C.: Partnership for Prevention. http://www.prevent.org/data/files/initiatives/lbe_community_final.pdf

Pronk, N. P., C. Baase, J. Noyce, and D. E. Stevens. 2015. Corporate America and community health: Exploring the business case for investment. *Journal of Occupational and Environmental Medicine* 57(5):493-500. http://journals.lww.com/joem/Fulltext/2015/05000/Corporate_America_and_Community_Health__Exploring.3.aspx

Objectives: The principal aim of this project was to learn from corporate executives about the most important components of a business case for employer leadership in improving community health. Methods: We used dialogue sessions to gain insight into this issue. Results: The strongest elements included metrics and measurement, return on investment, communications, shared values, shared vision, shared definitions, and leadership. Important barriers included lack of understanding, lack of clear strategy, complexity of the problem, trust, lack of resources and leadership, policies and regulations, and leadership philosophy. Substantial variability was observed in the degree of understanding of the relationship between corporate health and community health. Conclusions: The business case for intentional and strategic corporate investment in community health occurs along a continuum has a set of clearly defined elements that address why investment may make sense, but also asks questions about the "what-to-do" and the "how-to-do-it."

Shak, L., L. Mikkelsen, R. Gratz-Lazarus, and N. Schneider. 2013. *What's good for health is good for business: Engaging the business community in prevention efforts.* Oakland, CA: Prevention Institute. http://www.preventioninstitute.org/component/jlibrary/article/id-334/127.html

This resource guide for public health departments and coalitions outlines the steps involved in forging successful community prevention partnerships with local businesses.

Sepulveda, M.-J. 2013. From worker health to citizen health: Moving upstream. *Journal of Occupational and Environmental Medicine* 55:S52-S57. http://journals.lww.com/joem/Fulltext/2013/12001/From_Worker_Health_to_Citizen_Health__Moving.9.aspx

New rapid growth economies, urbanization, health systems crises, and "big data" are causing fundamental changes in social structures and systems, including health. These forces for change have significant consequences for occupational and environmental medicine and will challenge the specialty to think beyond workers and workplaces as the principal locus of innovation for health and performance. These trends are placing great emphasis on upstream strategies for

addressing the complex systems dynamics of the social determinants of health. The need to engage systems in communities for healthier workforces is a shift in orientation from worker and workplace centric to citizen and community centric. This change for occupational and environmental medicine requires extending systems approaches in the workplace to communities that are systems of systems and that require different skills, data, tools, and partnerships.

Institute of Medicine on business role in health in all policies and building healthy communities

IOM (Institute of Medicine). 2003. *The future of the public's health in the 21st century*. Washington, D.C.: National Academies Press, pp. 289-300. http://www.nap.edu/catalog/10548/the-future-of-the-publics-health-in-the-21st-century

———. 2011. *For the public's health: Revitalizing law and policy to meet new challenges*. Washington, D.C.: The National Academies Press, pp.79-97, particularly 90-94 on multi-stakeholder collaboration, including private sector. http://www.nap.edu/catalog/13093/for-the-publics-health-revitalizing-law-and-policy-to-meet

———. 2014. *Applying a health lens to decision making in non-health sectors: Workshop summary*. Washington, D.C.: National Academies Press. http://www.nap.edu/catalog/18659/applying-a-health-lens-to-decision-making-in-non-health-sectors

———. 2015. *Business engagement in building healthy communities: Workshop summary*. Washington, D.C.: National Academies Press. http://www.nap.edu/catalog/19003/business-engagement-in-building-healthy-communities-workshop-summary

Investing in Sustainable Communities

Garrett-Cox, K. 2015. How financial services can be a force for good. *Agenda*. World Economic Forum. https://agenda.weforum.org/2015/01/financial-services-force-for-good/

Super Church, M. 2014. Neighborhood health: A new framework for investing in sustainable communities. *Community Development Investment Review* 10(1) http://www.frbsf.org/community-development/files/cdir_vol10issue1-Neighborhood-Health.pdf

The sustainability movement in the United States has increasingly embraced the environmental benefits of dense, mixed-use walkable communities. However, it has been slower to codify these benefits into formal project review and rating systems for investment. Sustainability advocates have historically focused on building-level performance, with a particular emphasis on energy, water, and waste management. This emphasis on the building as a stand-alone structure, separate from its neighborhood context, reflects both the challenges of neighborhood-scale data gathering and the fragmented nature of neighborhood development in the United States. As a result, individual projects may be high-performing in some respects without actually addressing the larger issues of site and neighborhood design that are so vital to

sustainable communities. Fortunately, public policymakers and private industry leaders have recently begun to develop a more robust set of tools for measuring sustainability at the neighborhood scale.

Net Positive Sustainable Businesses

Harvard School of Public Health. 2014. Building net positive enterprises. HSPH Professor Greg Norris (co-director of SHINE) speaks about how organizations and individuals can build net-positive enterprises. http://green.harvard.edu/tools-resources/video/building-net-positive-enterprises

Phansey, A. 2015. Introducing handprinting: The good you do minus your footprint. http://www.greenbiz.com/article/introducing-handprinting-good-you-do-minus-your-carbon-footprint

SHINE (Corporate Sustainability and Health). *Handprint: A new unit for measuring impact*. Harvard School for Public Health. http://www.chgeharvard.org/topic/handprint-new-unit-measuring-impact


PARTNERSHIP FOR A HEALTHIER AMERICA
MAKING THE HEALTHY CHOICE THE EASY CHOICE
PARTNERSHIP FOR A HEALTHIER AMERICA


PARTNERSHIP FOR A HEALTHIER AMERICA
2

CHILDHOOD OBESITY: THE IMPACT

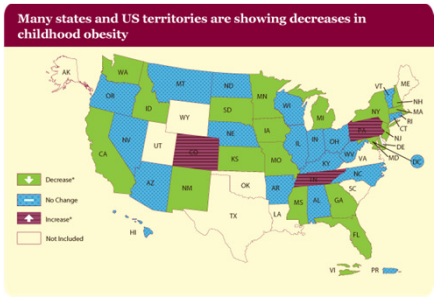
If trends continue, today's children could be the first generation to live shorter lives than their parents…

- 1 in 3 children and adolescents in this country are overweight or obese.
- More than 2 in 3 adults are overweight or obese.
- 9 million 17-24 year olds are too overweight to serve in the military.
- 1 in 3 children born in year 2000 will develop diabetes in their lifetime.

PARTNERSHIP FOR A HEALTHIER AMERICA

3

CHILDHOOD OBESITY: PROGRESS



SOURCE: Pediatric Nutrition Surveillance System

- Obesity rates among low-income preschoolers are showing slight declines in 18 states
- Just this year, we learned obesity rates for kids 2 to 5 years old dropped 43%

The New York Times

Finally, Some Optimism About Obesity

THE WALL STREET JOURNAL.

USA TODAY

U.S. Childhood Obesity Rates Fall 40% in Decade

Study Shows the Obesity in Young Children Is Declining but on the Rise Among Teens

CDC: Childhood obesity rates falling in many states

PARTNERSHIP FOR A HEALTHIER AMERICA

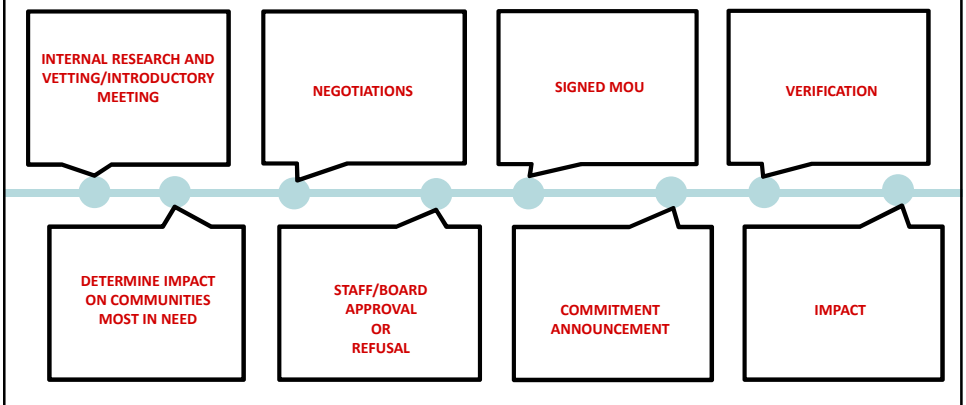
4

RIGOROUS COMMITMENTS

- PHA meets with approximately 10 companies for every one that results in a commitment
- Significant business impact
- Requirements for signed contracts
- Requirements for meaningful change
- Public accountability/publication of progress
- Third-party, outside verification

5

HOW DO WE DEVELOP COMMITMENTS?



PARTNERSHIP FOR A HEALTHIER AMERICA

6

PHA AREAS OF FOCUS

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access

Walmart
Save money. Live better.

Walgreens

Kleins ShopRite

Loop

ShopRite
Brown's

thefreshgrocer

Fresh Food SHEETZ Made to Order

Fresh Works
California Freshworks Fund
Healthy Food. Closer To Home.

Kwik Trip

PARTNERSHIP FOR A HEALTHIER AMERICA

7

PHA AREAS OF FOCUS

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access
- **Community Engagement**

The Links, Incorporated
Linked in Friendship, Connected in Service

SHAREOUR STRENGTH
NO KID HUNGRY

All-Clad
METALCRAFTERS LLC
CANONSBURG, PA USA

PARTNERSHIP FOR A HEALTHIER AMERICA

8

PHA AREAS OF FOCUS

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access
- Community Engagement
- **Health Care**

Cerner

GE Healthcare

PHYSICIAN'S COMPUTER COMPANY

PARTNERSHIP FOR A HEALTHIER AMERICA

9

PHA AREAS OF FOCUS

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access
- Community Engagement
- Health Care
- **Early Childhood & Out-Of-School Time**

NEW HORIZON Academy

Bright Horizons FAMILY SOLUTIONS

BOYS & GIRLS CLUBS OF AMERICA

the YMCA

KinderCare LEARNING CENTERS

CCLC

CHAMPIONS

The Knowledge Universe Family of Brands

National Recreation and Park Association

KAISER PERMANENTE

Learning Care group

The Children's Courtyard · CHILDTIME · La Petite Academy · montessori · TUTOR TIME

PARTNERSHIP FOR A HEALTHIER AMERICA

10

PHA AREAS OF FOCUS

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access
- Community Engagement
- Health Care
- Early Childhood & Out-Of-School Time
- **Healthier Marketplace**

PARTNERSHIP FOR A HEALTHIER AMERICA

11

PHA COMMITMENTS: HOSPITAL HEALTHY FOOD INITIATIVE

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access
- Community Engagement
- Health Care
- Early Childhood & Out-Of-School Time
- Healthier Marketplace
- **Hospitals**

PARTNERSHIP FOR A HEALTHIER AMERICA

12

PHA AREAS OF FOCUS

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access
- Community Engagement
- Health Care
- Early Childhood & Out-Of-School Time
- Healthier Marketplace
- Hospitals
- **Campuses**

PARTNERSHIP FOR A HEALTHIER AMERICA

13

PHA AREAS OF FOCUS

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access
- Community Engagement
- Health Care
- Early Childhood & Out-Of-School Time
- Healthier Marketplace
- Hospitals
- Campuses
- **Housing Developers**

PARTNERSHIP FOR A HEALTHIER AMERICA

14

PHA COMMITMENTS: PHYSICAL ACTIVITY

Our more than 150 private sector partners are making the healthy choice the easy choice for American families.

- Healthy Food Access
- Community Engagement
- Health Care
- Early Childhood & Out-Of-School Time
- Healthier Marketplace
- Hospitals
- Campuses
- Housing Developers
- **Physical Activity**

PARTNERSHIP FOR A HEALTHIER AMERICA

15

EARLY CHILDHOOD COMMITMENTS

Nearly 1 million in childcare settings are expected to be reached when PHA commitments are fulfilled in 2017

As part of their commitment to PHA, childcare centers are:

- Serving fruits and/or vegetables and healthier beverages at every meal and snack
- Encouraging family-style eating whenever possible
- Providing at least one hour of physical activity a day
- Limiting screen time

The Knowledge Universe® Family of Brands

PARTNERSHIP FOR A HEALTHIER AMERICA

16

WALMART COMMITMENT

- Reformulating thousands of everyday packaged food items
- Making healthier choices more affordable
- Developing strong criteria for a simple front-of-package seal
- Providing solutions to address food deserts by building stores
- Increasing charitable support for nutrition programs

→ **IMPACT: Serves 140 million Americans Weekly**

Walmart
Save money. Live better.

PARTNERSHIP FOR A HEALTHIER AMERICA

17

PHA SERVING AS A MODEL

Los Angeles Times

Obama holds up first lady's efforts as a model for policy action

In the State of the Union speech, he promised the West Wing would take a page from the East Wing's playbook in getting things done without legislation. It's a shift in strategy.

February 02, 2014 | By Kathleen Hennessey

Email Share +1 5 Tweet 0 Recommend 0

WASHINGTON — As President Obama looks to show off all he can do without Congress, he's been pointing to a surprising place for guidance on the savvy use of power: the other side of the White House.

In public and private, the president has been holding up Michelle Obama's initiatives in the East Wing as a template for how the West Wing could accomplish a policy agenda the non-legislative way. He has called his wife's team a model for what's possible, and, in his State of the Union address last week, he said, "As usual, our first lady sets a good example."

First Lady Michelle Obama visits a Subway in Washington to praise the chain's... (Olivier Douliery / Abaca...)

18

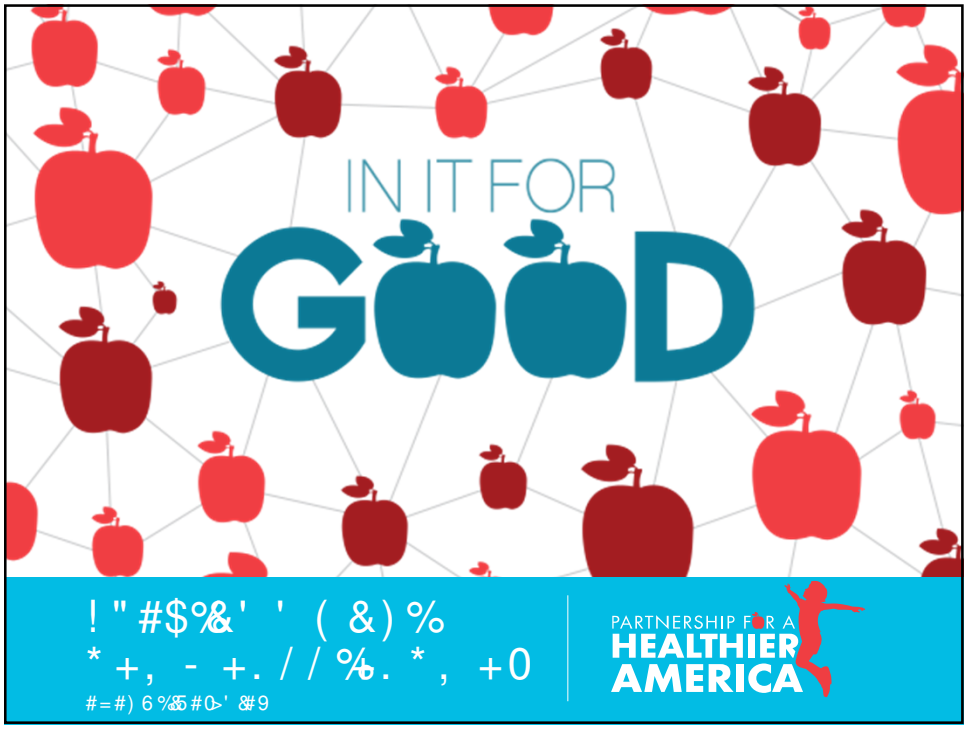
NIKE COMMITMENT

19

PHA INITIATIVES: FNV CAMPAIGN

20

PARTNERSHIP FOR A HEALTHIER AMERICA

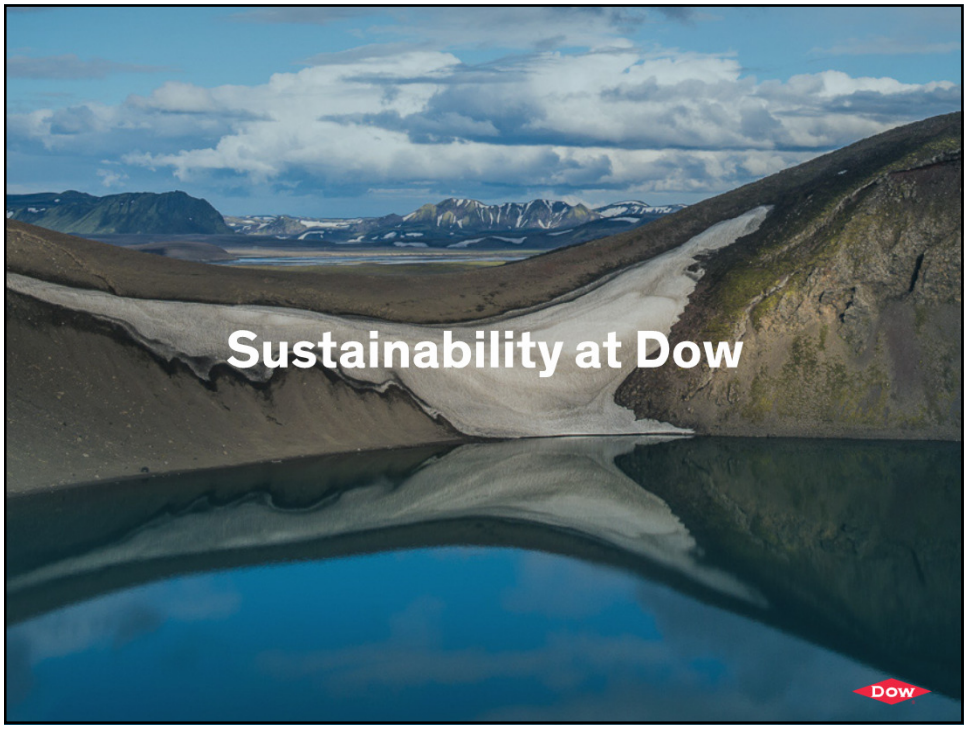


PHA COMMITMENTS: COMMON ELEMENTS OF SUCCESS

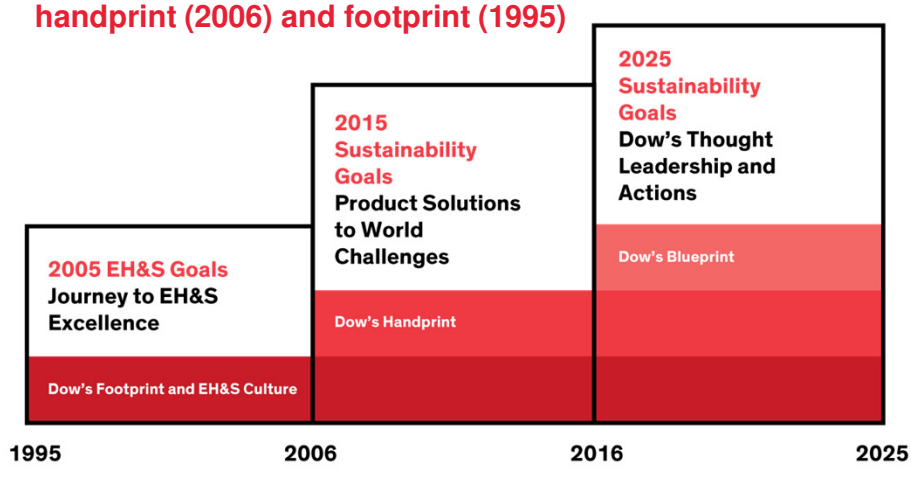
1. Clarity of metrics
2. Profitability equals sustainability
3. Common understanding of accountability process
4. Support from executive leadership

PARTNERSHIP FOR A HEALTHIER AMERICA

22



Dow's 2025 Sustainability Goals introduce the notion of a collaborative *blueprint* for sustainability, building upon previous ten-year commitments focused on the company handprint (2006) and footprint (1995)



Footprint: World-leading operations and supply chain perfomance
Handprint: Products and services that help customers meet their challenges
Blueprint: Changes in technology, public policy, and the value chain that lead human society toward sustainability

DOW

2005 EH&S Goals delivered significant results

EH&S Improvements

Reduced solid waste by 1.6 billion pounds

↓

Waste savings that could have filled 415 football fields 1 meter deep

Saved 900 trillion BTU of energy

↓

Energy savings that could have powered 8 million single-family homes for a year

Reduced water use by 183 billion pounds

↓

Waste savings that could have served 170,000 homes for a year

Injury & illness rate reduced 84%

↓

>10,000 Fewer injuries due to enhanced focus on safety

Economic Savings

From energy efficiency (>$4B) and avoided costs

$$$

Invested $1 billion

↓

Saved $5 billion

DOW

The 2015 Sustainability Goals continue to deliver results today

EH&S Improvements

Due to our reduction rate efforts in our Local Protection of Human Health & the Environment goal, to date we have:

↓

>6,000 Fewer spills

>275 Fewer process safety incidents

↓

>4.3 billion Fewer tonne-miles of transporting hazardous materials

>175 fewer Hazardous materials transportation spills

↓

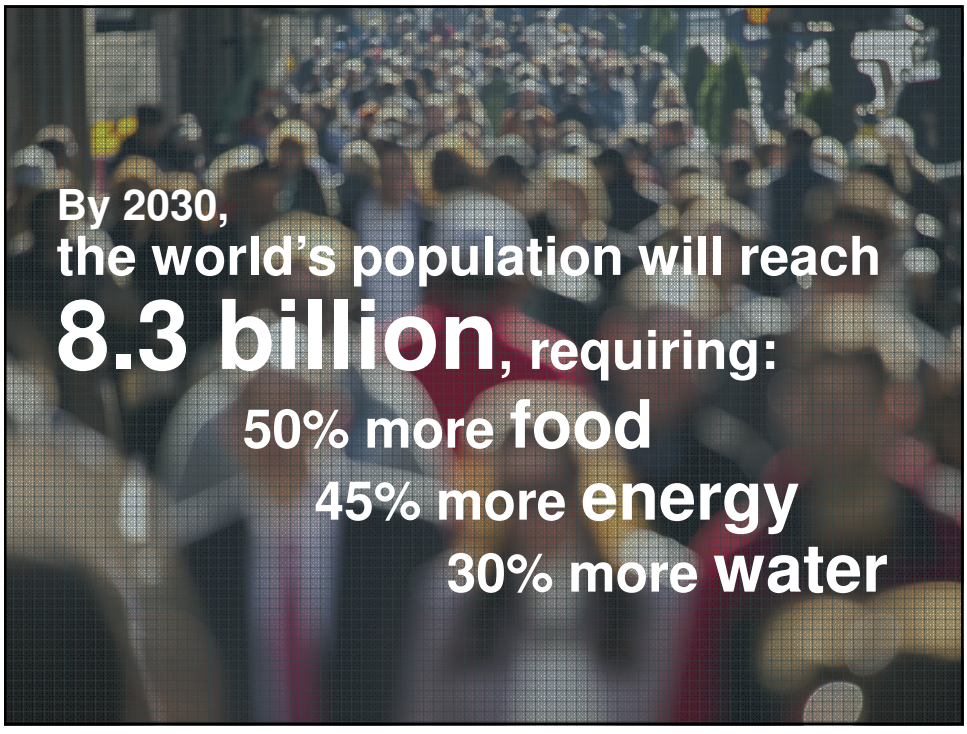
>1,100 Fewer injuries due to enhanced focus on safety

DOW

Together, the 2005 and 2015 Goals are responsible for significant returns

Combined Economic Savings

$6 Billion



The goals fall into three broader sustainability pillars

Unlocking the Potential of People and Science	Valuing Nature	Courageous Collaboration
The passion, creativity and expertise of our people drives innovation at the intersection of the sciences – generating value for business, humanity and the environment.	Dow will consider nature in strategic business decisions not only because it benefits the environment and society, but because valuing nature's resources also makes good business sense.	The health of people, planet, and business are intrinsically linked. Collaboration in new and deeper ways across the public and private sectors is essential for the transition to a sustainable planet and society.
GOAL 2 **Delivering Breakthrough Innovation**	GOAL 4 **Valuing Nature**	GOAL 1 **Leading the Blueprint**
GOAL 6 **Engaging Employees for Impact**		GOAL 3 **Advancing a Circular Economy**
GOAL 7 **World-Leading Operations Performance**		GOAL 5 **Increasing Confidence in Chemical Technology**

DOW

Goal 1: Leading the Blueprint

Dow leads in developing a societal blueprint that integrates public policy solutions, science and technology, and value chain innovation to facilitate the transition to a sustainable planet and society.

Example
Target Metrics and KPIs:

100 significant dialogues
&
10 impactful collaborations

Goal 2: Delivering Breakthrough Innovation

Dow delivers breakthrough sustainable chemistry innovations that advance the well-being of humanity.

Example
Target Metrics and KPIs:

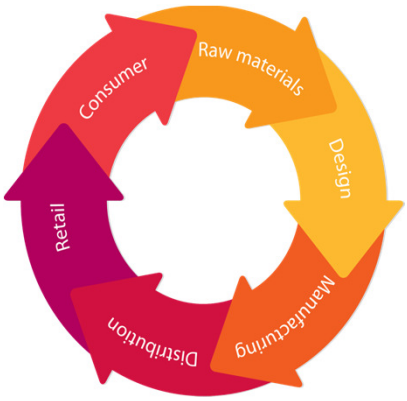
Innovation portfolio delivers 6x net positive impact on sustainable development

Goal 3: Advancing a Circular Economy

Dow advances a Circular Economy by delivering solutions to close the resource loops in key markets.

Example Target Metrics and KPIs:

Deliver six major circular economy projects



Goal 4: Valuing Nature

Dow applies a business decision process that values nature, which will deliver business value and natural capital value through projects that are good for the Company and good for ecosystems.

Example Target Metrics and KPIs:

Business-driven project alternatives that will enhance nature and deliver $1 billion in NPV

Goal 5: Increasing Confidence in the Safe Use of Chemical Technology

Dow increases confidence in the safe use of chemical technology through transparency, dialogue, unprecedented collaboration, research and our own actions.

Example Target Metrics and KPIs:

Achieve 100% support for the use of chemical technology among key stakeholder groups

Integrate predictive methods into 100% of new product assessments and reduce animal use in testing by 30%

Goal 6: Engaging Employees for Impact

Dow people worldwide directly apply their passion and expertise to advance the well-being of people and the planet.

Example Target Metrics and KPIs:

10% of our workforce will serve as STEM ambassadors, giving 600,000 hours to support better STEM education

Employee volunteers will complete 700 sustainability projects around the world

Positively impact over one billion people worldwide

Goal 7: World-leading Operations Performance in EH&S and Efficiency

Dow maintains world-leading operations performance in natural resource efficiency, environment, health and safety.

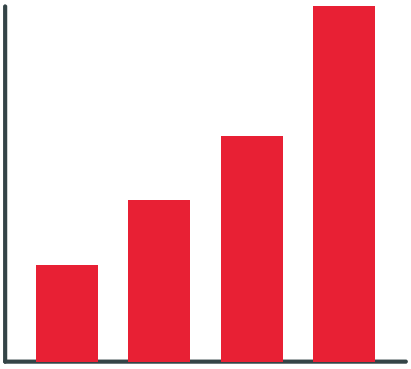
Example Target Metrics and KPIs:

Zero unplanned safety and process safety events

100% health rating

10% improvement in resource efficiency

20% reduction in water intake



2025 Sustainability Goals

Leading the Blueprint
Dow leads in developing a societal blueprint that integrates public policy solutions, science and technology, and value chain innovation to facilitate the transition to a sustainable planet and society.

Delivering Breakthrough Innovations
Dow delivers breakthrough sustainable chemistry innovations that advance the well being of humanity.

Advancing a Circular Economy
Dow advances a Circular Economy by delivering solutions to close the resource loops in key markets.

Valuing Nature
Dow applies a business decision process that values nature, which will deliver business value and natural capital value through projects that are good for the company and good for ecosystems.

Increasing Confidence in Chemical Technology
Dow increases confidence in the safe use of chemical technology through transparency, dialogue, unprecedented collaboration, research, and our own actions.

Engaging Employees for Impact
Dow people worldwide directly apply their passion and expertise to advance the well being of people and the planet.

World-Leading Operations Performance
Dow maintains world-leading operations performance in natural resource efficiency, environment, health, and safety.

8
Hu
HUMAN
7E+09

Join the Conversation
#Dow2025

Gary Cohen
President
Health Care Without Harm
gcohen@hcwh.org
www.noharm.org

HEALTH CARE'S ENVIRONMENTAL IMPACTS

Energy: Healthcare is the second most energy intensive sector in commercial buildings

Medical Waste: In 1995 medical waste incineration was the largest source of dioxin emissions in the US, responsible for 10% of mercury air emissions

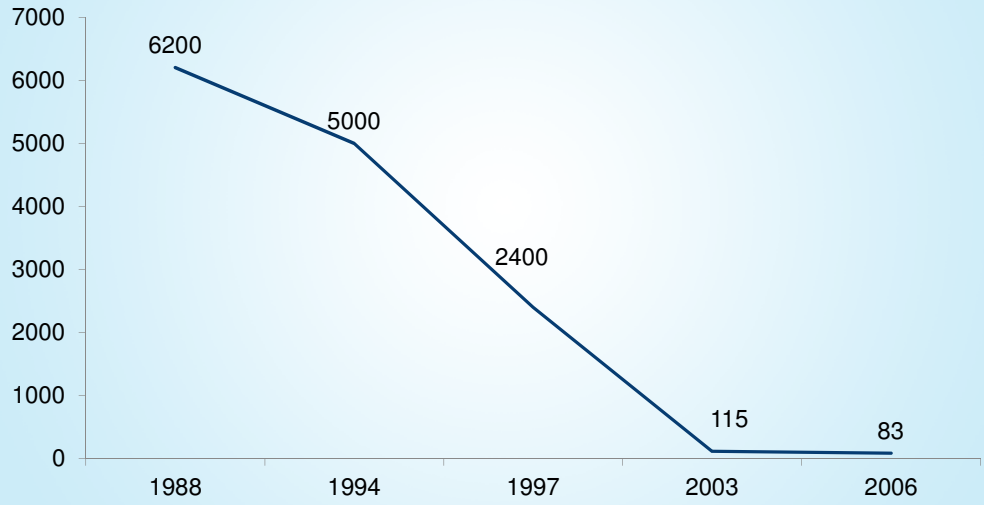
Pharmaceutical Waste: At least 250 million pounds of pharmaceutical waste is generated annually from hospitals and long-term care centers

Toxic Chemicals: Healthcare is one of the largest users of toxic chemicals in the US economy

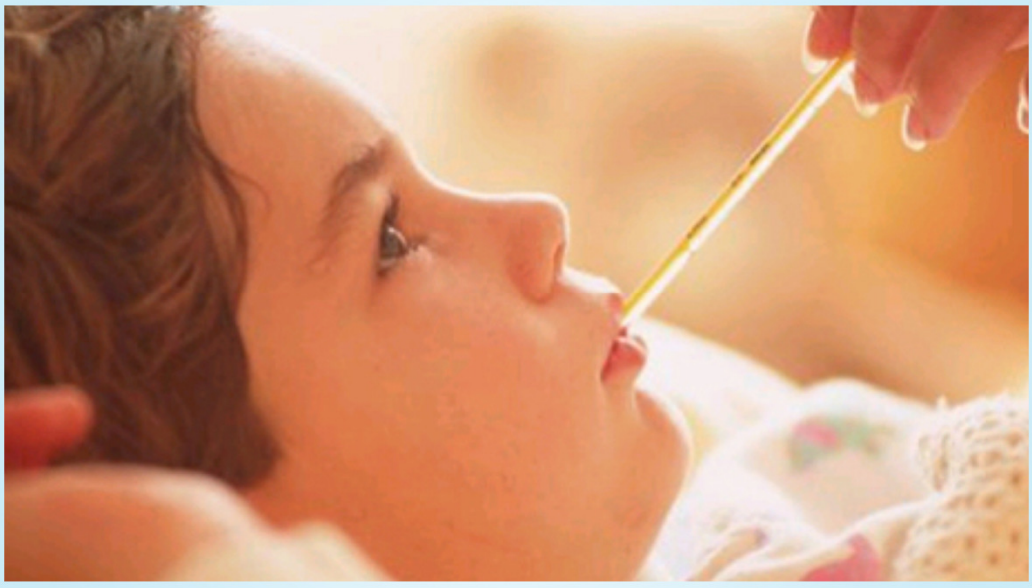
Indoor Air Quality: Poor air quality has been identified as the most frequent cause of work-related asthma in healthcare workers

Unhealthy Food: hundreds of hospitals have fast food restaurants in their lobbies

DECLINE OF MEDICAL WASTE INCINERATORS (U.S.)

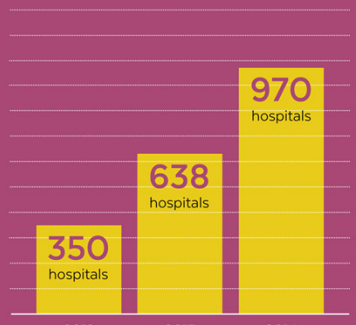


Source: EPA

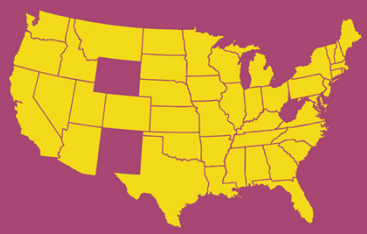


Healthier Hospitals

Increased data from hospitals.

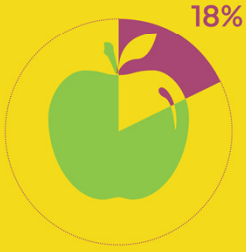


Leadership: 46 out of 50 states have data represented in the 2014 Milestone Report.



Healthier Hospitals

Local/Sustainable: 146 hospitals spent 18% of their food budget on local and sustainable foods.



Recycling: Since 2010, 457 hospitals achieved an aggregate recycling rate of 24%, diverting 445,722.369 tons of materials from area landfills.

45,000
garbage trucks weight equivalent

Reprocessed SUDs: 379 hospitals have reported spending $174,479,925 on reprocessed single-use devices since 2010.

HOSPITALS AS ANCHOR INSTITUTIONS
IMPROVING COMMUNITY FOOD ENVIRONMENTS

- by modeling good nutrition and improving environmental health inside and outside their facilities
- by collaborating with community-based programs to support a healthy, regional food system and increased access to healthy food

MAKING THE HEALTHY CHOICE THE EASY CHOICE

Hosting hospital-based farmers markets

Kaiser Permanente: founded one of the first hospital-based farmers market in 2003 and now hosts more than 50 farmers markets.

Reducing waste & donating unused food to the hungry

University of Iowa Hospitals and Clinics: reduced food waste by 40% in 2013 by eliminating less-popular menu items and cutting surplus servings. The hospital donated more food to organizations that feed the hungry and composted 77 tons of food.

Educating patients about healthy grocery shopping and meal preparation

Children's Hospital of Philadelphia: teamed up with the foodservices company Aramark to launch Home Plate, an innovative research study designed to combat childhood obesity, which teaches low-income parents the skills to cook healthy meals at home.

Supporting health professionals to be effective public policy advocates

Health Care Without Harm's Food Matters program: engages over 4,000 doctors, nurses, and dietitians across the country to become leaders and advocates for a more sustainable food system.

Lessons Learned

- Teach health professionals about environmental health
- Appeal to Mission, Mandate, Money - Triple Aim of healthcare reform
- Provide practical solutions to hospitals to address their environmental performance
- Create healthy collaboration and competition among sector players
- Aggregate hospital demand to drive markets for safer products
- Celebrate success

Movement Lessons Learned

- Create inside/outside strategies
- Engage in both the policy and market realms
- Build a network of collaborators instead of a monolithic organization
- Create joint ownership of agendas and strategies
- Build trust over time
- Make the movement international
- Learn how to knit