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**DIALOGUE ABOUT THE  
WORKFORCE FOR POPULATION  
HEALTH IMPROVEMENT  
A WORKSHOP**

 **#POPHEALTHRT**

**MARCH 21, 2019  
WASHINGTON, DC**

**ROUNDTABLE ON POPULATION HEALTH IMPROVEMENT**

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# PROGRAM

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**Dialogue about the Workforce for Population Health Improvement**

**A Workshop**

**Roundtable on Population Health Improvement**

**Keck Center**

**K100**

**500 5<sup>th</sup> St NW**

**Washington, DC· March 21, 2019**

**TABLE OF CONTENTS**

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1. Agenda
  2. Vision, Mission, and the Conditions of Influence
  3. Roundtable on Population Health Improvement Roster
  4. Speaker Biosketches
  5. Lunch Options
  6. Site Map
  7. Reading & Resources
  8. Tabletop Exercise: Toward a Population Health Workforce
  9. Toward a Population Health Workforce
  10. NASEM Statement of Harassment
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## ROUNDTABLE ON POPULATION HEALTH IMPROVEMENT

### Dialogue about the Workforce for Population Health Improvement: A Workshop

Thursday, March 21, 2019

Keck Center, Room 100 ▪ 500 Fifth Street NW, Washington DC

#### Workshop objectives

The workshop will explore:

- (1) facilitating a population health orientation/perspective among public health and health care leaders and professionals;
- (2) framing the work of personnel such as community health workers, health navigators, peer-to-peer chronic disease management educators within the context of population health; and
- (3) leveraging the competencies of non-health public and private sector workforces such as education, transportation, and planning, working to include a “health in all policies,” community livability, or well-being orientation in their activities

8:00 am	Welcome and Introduction	Sanne Magnan, Roundtable co-chair, Senior Fellow, <i>HealthPartners Institute</i>
8:10 am	Keynote Q&A	Moderator: Sanne Magnan Presenter: Kevin Barnett, <i>Public Health Institute</i>
8:45 am	Panel 1: Perspectives from Professional and Accrediting Organizations	Moderator: Phyllis Meadows, <i>Kresge Foundation</i> Presenters: Brian Castrucci, <i>de Beaumont Foundation</i> Kalpana Ramiah, <i>America's Essential Hospitals</i>  Discussants: Laura Rasar King, <i>Council on Education for Public Health</i> Kaye Bender, <i>Public Health Accreditation Board</i> Lisa Howley, <i>Association of American Medical Colleges</i>
9:40 am	Discussion and Q&A	Moderator: Phyllis Meadows
10:00 am	Break	
10:10 am	Panel 2: The Community Health Workforce	Moderator: Karen Murphy, <i>Geisinger</i> Presenters: CHW Panel: Shanteny Jackson, <i>Richmond City Health District &amp; VA Community Health Worker Association</i> , Kevin Jordan, <i>Damien Ministries &amp; Maryland Community Health Worker Advisory Committee</i> , Orson Brown, <i>Penn Center for Community Health Workers</i> , Adriana Rodriguez Palacios, <i>Oregon Community Health Worker Association</i>

Shreya Kangovi, *Penn Center for Community Health Workers*  
 Noelle Wiggins, *Oregon Community Health Workers Association*  
 Michael Rhein & Dwyane Monroe, *Institute for Public Health Innovation*  
 Katie Wunderlich, *Maryland Health Services Cost Review Commission*

11:15 am	Discussion and Q&A	Moderator: Karen Murphy
11:30 am	<b>Lunch Break</b>	
12:30 pm	Panel 3: Cross-Sector Workforce; national and local examples	<p>Moderator: Gary Gunderson, <i>Wake Forest Baptist Medical Center and Stakeholder Health</i></p> <p>Presenters:</p> <p>Ron Bialek, <i>Public Health Foundation</i></p> <p>Brian Smedley, <i>National Collaborative for Health Equity &amp; Robert Wood Johnson Foundation Culture of Health Leaders</i></p> <p>Michelle Spencer, <i>Johns Hopkins Bloomberg School of Public Health &amp; Bloomberg American Health Initiative</i></p> <p>Sagar Shah, <i>American Planning Association</i></p> <p>Anna Ricklin, <i>Fairfax County Health Department</i></p>
1:40 pm	Discussion and Q&A	Moderator: Gary Gunderson
1:55 pm	Group Exercise & Reporting Back	Moderator: Marthe Gold, <i>New York Academy of Medicine</i>
3:00 pm	Reflections on the Day and Closing Remarks	Josh Sharfstein, Roundtable co-chair, <i>Johns Hopkins Bloomberg School of Public Health</i>
3:30 pm	Adjourn	

**Workshop Planning Committee** This workshop was organized by the following experts: **Kevin Barnett**, *Public Health Institute*, **Nisha Botchwey**, *Georgia Institute of Technology*, **Gary Gunderson**, *Wake Forest Baptist Medical Center*, **Phyllis Meadows**, *Kresge Foundation*, **Jeremy Moseley**, *Wake Forest Baptist Health*, **Karen Murphy**, *Geisinger*, and **Josh Sharfstein** *Bloomberg School of Public Health*.

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

Follow the conversation  #pophealthrt  
<https://nas.edu/pophealthrt>

## Vision, Mission, and the Conditions of Influence

### Vision

The roundtable's vision is of a strong, healthful, and productive society which cultivates human capital and equal opportunity. This vision rests on the recognition that outcomes such as improved life expectancy, quality of life, and health for all are shaped by interdependent social, economic, environmental, genetic, behavioral, and health care factors, and will require robust national and community-based actions and dependable resources to achieve it.

### Mission

The Roundtable on Population Health Improvement intends to catalyze urgently needed action toward a stronger, more healthful, and more productive society. The roundtable will therefore facilitate sustainable collaborative action by a community of science-informed leaders in public health, health care, business, education and early childhood development, housing, agriculture, transportation, economic development and nonprofit and faith-based organizations.

### The conditions of influence

The roundtable seeks to inform and advance the dialogue, and to help catalyze action in the field to:

1. Identify and deploy key population health **metrics**.
2. Ensure the allocation of adequate **resources** to achieve improved population health.
3. Identify, test and broadly deploy **evidence** on effective science-based population health interventions.
4. Develop and implement high impact public and private population health **policies**.
5. Foster building **relationships** (including community and multi-sectoral partnerships) to act to improve population health.
6. Design and implement modern **communication** to educate about and motivate action directed at improved population health.

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ROUNDTABLE ON POPULATION HEALTH IMPROVEMENT

**Sanne Magnan, M.D., Ph.D.**

Adj. Asst. Professor  
Division of Medicine  
University of Minnesota  
Minneapolis, MN

**Debbie I. Chang, M.P.H.**

Senior Vice President  
Policy and Prevention  
Nemours  
Washington, DC

**Joshua M. Sharfstein, M.D.**

Associate Dean for Public Health Practice and  
Training  
Johns Hopkins Bloomberg School of Public  
Health  
Baltimore, MD

**Kathy Gerwig, M.B.A.**

Vice President, Employee Safety, Health and  
Wellness and Environmental Stewardship  
Officer  
Kaiser Permanente  
Oakland, CA

**Philip M. Alberti, Ph.D.**

Senior Director, Health Equity Research and  
Policy  
Association of American Medical Colleges  
Washington, DC

**Marthe Gold, M.D., M.P.H.**

Senior Scholar in Residence  
New York Academy of Medicine  
New York, NY

**Terry Allan, R.S., M.P.H.**

Health Commissioner  
Cuyahoga County Board of Health  
Parma, OH

**Marc N. Gourevitch, M.D., M.P.H.**

Professor and Chair  
Department of Population Health  
NYU School of Medicine  
New York, NY

**John Auerbach, M.B.A.**

Executive Director  
Trust for America's Health  
Washington, DC

**Garth Graham, M.D., M.P.H.**

President  
Aetna Foundation  
Hartford, CT

**Cathy Baase, M.D., FAAFP, FACOEM**

Chair, Board of Directors, MIHIA  
Consultant for Health Strategy, Dow Chemical  
Company  
Michigan Health Improvement Alliance  
(MIHIA)  
Saginaw, MI

**Gary R. Gunderson, M.Div., D.Min., D.Div.**

Vice President, Faith Health  
School of Divinity  
Wake Forest University  
Winston-Salem, NC

**Wayne Jonas, M.D.**

Executive Director  
Integrative Health Programs  
H & S Ventures  
Alexandria, VA

**Robert M. Kaplan, Ph.D.**

Professor  
Center for Advanced Study in the Behavioral  
Sciences  
Stanford University  
Stanford, CA

**David A. Kindig, M.D., Ph.D.**

Professor Emeritus of Population Health  
Sciences  
Emeritus Vice Chancellor for Health Sciences  
School of Medicine and Public Health  
University of Wisconsin-Madison  
Madison, WI

**Sally A. Kraft, M.D., M.P.H.**

Vice President, Population Health  
Dartmouth-Hitchcock  
Lebanon, NH

**Paula M. Lantz, Ph.D.**

Associate Dean for Academic Affairs and  
Professor of Public Policy  
Gerald R. Ford School of Public Policy  
University of Michigan  
Ann Arbor, MI

**Michelle Larkin, J.D., M.S., R.N.**

Associate Vice President, Associate Chief of  
Staff  
Robert Wood Johnson Foundation  
Princeton, NJ

**Thomas A. LaVeist, Ph.D.**

Dean  
School of Public Health and Tropical Medicine  
Tulane University  
Tulane, LA

**Jeffrey Levi, Ph.D.**

Professor  
Department of Health Policy & Management  
Milken Institute School of Public Health  
George Washington University  
Washington, DC

**Sharrie McIntosh, M.H.A**

Vice President for Programs  
New York State Health Foundation  
New York, NY

**Phyllis D. Meadows, Ph.D., R.N., M.S.N.**

Senior Fellow, Health Program  
Kresge Foundation  
Troy, MI

**Bobby Milstein, Ph.D., M.P.H.**

Director  
ReThink Health  
Morristown, NJ

**José T. Montero, M.D., MHCDS**

Director, Office for State, Tribal, Local and  
Territorial Support (OSTLTS)  
Deputy Director, Centers for Disease Control  
and Prevention  
Atlanta, GA

**Karen Murphy, Ph.D.**

Executive Vice President and Chief Innovation  
Officer, Founding Director  
Steele Institute for Healthcare Innovation  
Geisinger

**Mary Pittman, Dr.P.H.**

President and CEO  
Public Health Institute  
Oakland, CA

**Rahul Rajkumar, M.D.**

Senior Vice President and Chief Medical  
Officer)  
BlueCross BlueShield of North Carolina

**Lourdes J. Rodriguez, Dr.P.H.**

Director, Center for Place Based Initiatives at  
Dell Medical School  
Associate Professor, Department of  
Population Health  
University of Texas at Austin  
Austin, TX

**Pamela Russo, M.D., M.P.H.**

Senior Program Officer  
Robert Wood Johnson Foundation  
Princeton, NJ

**Mylynn Tufte, M.B.A., M.S.I.M., R.N.**

State Health Officer  
North Dakota Department of Health  
Bismarck, ND

**Hanh Cao Yu, M.P.H.**

Chief Learning Officer  
The California Endowment  
Oakland, CA



## Biosketches of Speakers, Moderators, and Planning Committee Members

\*denotes planning committee member

†denotes roundtable member

### Orson Brown

Orson Brown is a Senior Community Health Worker at the Penn Center for Community Health Workers. Orson has provided intensive, personalized support to hundreds of patients to help them set and achieve health goals. In addition to his direct work with patients, Orson has trained new Community Health Workers across the country and taught medical students about the social determinants of health. Outside of work, Orson mentors youth who live in Southwest Philadelphia and serves as a deacon in his church.

### Kevin Barnett\*



Kevin Barnett is a Senior Investigator at the Public Health Institute. He has led research and fieldwork in hospital community benefit and health workforce diversity at PHI for over two decades, working with hospitals, government agencies, and community stakeholders across the country.

Recent work includes a study of community health assessments and implementation strategies for the Centers for Disease Control and Prevention and a national initiative funded by the Kresge Foundation to align and focus investments by hospitals, other health sector stakeholders, and financial institutions in low income communities.

Current work includes a partnership with The Governance Institute and Stakeholder Health with funding from the Robert Wood Johnson Foundation to build place-based population health knowledge among hospital board members and senior leadership, a national study of hospital interventions to address food insecurity, and a partnership with the Carsey School of Public Policy to convene regional meetings of hospital and community teams with community development financial institutions to design intersectoral health improvement strategies.

He serves as the Co-Director of the California Health Workforce Alliance, as a member of the Board of Directors of Communities Joined in Action, and as a member of the Board of Directors for the Trinity Health System.

### Kaye Bender

Kaye Bender, PhD, RN, FAAN, has been the President and CEO of the Public Health Accreditation Board (PHAB) since 2009. Prior to coming to PHAB, she worked in local public health for several years in Mississippi and was the Deputy State Health Officer for the Mississippi Department of Health for 12 years. She was also the Dean of the University of Mississippi Medical Center for 6 years. She chaired the Exploring Accreditation Steering Committee, the precursor study for the establishment of the Public Health Accreditation Board (PHAB). Dr. Bender has served on several Institute of Medicine (now the National Academy of Medicine) study committees related to public health and nursing. She is an active member of the American Public Health Association and is a fellow in the American Academy of Nursing. She is also a board member of the National Board of Public Health Examiners. She has numerous publications and presentations related to governmental public health infrastructure improvement.

## Ron Bialek

Ron Bialek took over as Executive Director of the Public Health Foundation in 1996, with 15 years experience in public health practice and in academia. He brings to PHF a wealth of experience in state- and local-level public health practice and in linking public health practitioners with academic institutions. Mr. Bialek manages all aspects of the organization and is responsible for the quality of its products. He directed PHF activities over the past three years that have led to the training of over 10,000 public health professionals annually using distance learning techniques. Mr. Bialek serves on a variety of government advisory groups and co-chaired the Managed Care and Public Health sub-committee of the Public Health Functions Working Group. He works closely with the PHF Board of Directors and public health professionals to develop and implement research, training, and technical assistance activities to benefit public health agencies in their performance of public health services.

Before joining PHF, Mr. Bialek was on the faculty of the Johns Hopkins University School of Public Health for nine years and served as Director of the Johns Hopkins Health Program Alliance. In his faculty role and as Director of the Health Program Alliance, Mr. Bialek took the theory of public health practice out into the field and developed an outstanding reputation locally and nationally for his efforts in facilitating linkages between academic institutions and public health agencies. At the national level, he has directed such projects as the Public Health Faculty/Agency Forum and the Council on Linkages Between Academia and Public Health Practice. The Forum project resulted in the development of recommendations for improving the relevance of public health education to practice and spelled out the various competencies that are desirable for practicing public health. Still serving as Director of the Council on Linkages, Mr. Bialek continues to play a key role in developing strategies and programs to implement Forum recommendations throughout the country. In addition, Mr. Bialek is Co-directing a national effort to develop public health practice guidelines for use by public and private organizations with population-based responsibilities.

At the State and local levels, Mr. Bialek has done much to improve collaboration between public health agencies and Johns Hopkins. He has developed and directed projects such as: assessing community public health needs and resources, developing evaluation protocols for local health department services, providing technical support to and staffing of the Maryland Association of County Health Officers, and establishing a public health grand rounds series for State and local health department employees. Mr. Bialek Co-chaired the Coalition for Local Public Health in Maryland, which was successful in getting signed into law funding mandates to support essential local public health services. Mr. Bialek also has served on several State committees and is currently a member of the Prevention Block Grant Advisory Committee for the Maryland Department of Health and Mental Hygiene.

Mr. Bialek also has extensive teaching experience in the areas of public health practice, AIDS health policy and management, and community health assessment. He has provided community health assessment training to over 200 health departments and community-based organizations, and currently is developing for the Centers for Disease Control and Prevention a distance learning course in this topic area.

Mr. Bialek began serving as President of PHF in June 1999.

Mr. Bialek received his B.A. in Political Science and his M.P.P. in Public Policy from the Johns Hopkins University.

## Nisha Botchwey\*



Botchwey is an Associate Professor of City and Regional Planning at the Georgia Institute of Technology and an adjunct professor in Emory University's School of Public Health. An expert in health and the built

environment as well as community engagement, she holds graduate degrees in both urban planning and public health. Dr. Botchwey co-directs the National Physical Activity Research Center, PARC, both the Atlanta Neighborhood Quality of Life and Health Dashboard and the data dashboard for Health, Environment and Livability for Fulton County, and directs the Built Environment and Public Health Clearinghouse.

Dr. Botchwey's research focuses on health and the built environment, health equity, community engagement, and data dashboards for evidence-based planning and practice. She is co-author of Health Impact Assessment in the USA (2014), convener of a national expert panel on interdisciplinary workforce training between the public health and community design fields, and author of numerous articles, scientific presentations and workshops. Dr. Botchwey has won distinctions including an NSF ADVANCE Woman of Excellence Faculty Award, a Hesburgh Award Teaching Fellowship from Georgia Tech and the Georgia Power Professor of Excellence Award, a Rockefeller-Penn Fellowship from the University of Pennsylvania's School of Nursing and a Nominated Changemaker by the Obama White House' Council on Women and Girls. She has also served on the Advisory Committee to the Director for the Centers of Disease Control Prevention, is a Social Sciences Panel Member for the Ford Foundation's Fellowship Program, and member of the Voices for Healthy Kids Strategic Advisory Committee for the American Heart Association.

#### Brian Castrucci

 @BrianCCastrucci

Brian C. Castrucci, DrPH, MA, is the Chief Executive Officer at the de Beaumont Foundation. In just six years, he has built the Foundation into a leading voice in health philanthropy and public health practice.

An award-winning epidemiologist with 10 years of experience working in state and local health departments, Brian brings a unique perspective to the philanthropic sector that allows him to shape and implement visionary and practical initiatives and partnerships and bring together research and practice to improve public health.

Under his leadership, the de Beaumont Foundation is advancing policy, building partnerships, and strengthening the public health system to create communities where people can achieve their best possible health. Among the projects he has spearheaded are CityHealth, the BUILD Health Challenge, and the Public Health Workforce Interests and Needs Survey (PH WINS). He is also an editor and contributing author to The Practical Playbook. Public Health. Primary Care. Together published by Oxford University Press in 2015.

Brian has published more than 50 articles in the areas of public health systems and services research, maternal and child health, health promotion, and chronic disease prevention. His recent work has focused on the public health needs of large cities, the need for better data systems, and public health system improvements.

Brian earned his Doctorate in Public Health Leadership at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. He graduated summa cum laude with a Bachelor of Arts degree in political science from North Carolina State University and a Master of Arts degree in sociomedical sciences from Columbia University.

#### Marthe Gold†

Marthe Gold MD, MPH is a Senior Scholar at the New York Academy of Medicine in 2015 where her primary focus is on implementing methods to gain informed public participation in decisions that affect them. Nationally, she has worked in different communities to capture resident guidance for decision

makers interested in implementing health-related policy changes to advance the health of the populations they serve. A graduate of the Tufts School of Medicine and the Columbia School of Public Health, Marthe's clinical training is in family medicine and she has practice in rural and urban underserved communities. From 1990-'96 she served as Senior Policy Advisor in the Office of the Assistant Secretary for Health in the Department of Health and Human Services. She returned to her native New York in 1997 to chair the Department of Community Health and Social Medicine at the CUNY Medical School whose mission is to train a diverse student body for primary care practice in underserved New York communities. A member of the National Academy of Medicine (NAM), Marthe currently serves on its Roundtable on Population Health. She is a member of the New England Comparative Effectiveness Public Advisory Council, and immediate Past President of the International Society for Priorities in Health.

Gary Gunderson\*†

 @GaryGunderson

Appointed in July 2012, Gunderson oversees spiritual care services for patients, families and Medical Center staff.

In his position, Gunderson supervises six departments: CareNet Counseling, Chaplaincy and Clinical Ministries (including the Clinical Pastoral Education program), FaithHealth Education, Community Engagement, the Center for Congregational Health and FaithHealthNC.

Gunderson also nurtures the relationship with more than 4,300 Baptist congregations throughout North Carolina and other large networks of our patients' faith groups.

A recognized expert in congregations and health, Gunderson has previously served as senior vice president of the Faith and Health Division of Methodist Le Bonheur Healthcare in Memphis, Tennessee. In his 7 years there, he developed a new model of congregational health that became widely known as the Memphis Model.

Gunderson became involved in public health through his work with former President Jimmy Carter in Atlanta when he directed the Interfaith Health Program at The Carter Center for a decade.

The Interfaith Health Program moved from The Carter Center to the Rollins School of Public Health at Emory University, where Gunderson became a research assistant professor in International Health. He also served as a visiting professor in Family Medicine and Community Health at the University of Cape Town, South Africa.

Gunderson has worked extensively with the White House Office of Faith-Based and Neighborhood Partnerships. He serves as secretary for Stakeholder Health, a group of 39 health systems committed to more effective engagement with the poor in their communities.

He brought the Leading Causes of Life Initiative to Wake Forest Baptist, an international and interdisciplinary group of Fellows working to build an intellectual foundation beyond the purely medical paradigm. He was lead author for a recent paper based on this work and published by the Institute of Medicine, "The Health of Complex Human Populations."

In addition to his role in Faith and Health Ministries, Gunderson holds faculty appointments at the Wake Forest School of Divinity and in Public Health Sciences.

A Wake Forest University alumnus, Gunderson holds a master of divinity from Emory University in Atlanta, a doctor of ministry from the Interdenominational Theological Center in Atlanta, and an honorary doctor of divinity from the Chicago Theological Seminary.

Lisa Howley is an experienced Educational Psychologist who has spent over 20 years in the field of medical education supporting learners and faculty, conducting research, and developing curricula. She joined the AAMC in 2016 to advance the continuum of medical education, support experiential learning, and curricular transformation. Prior to joining the AAMC, she spent eight years as the Associate DIO and AVP of Medical Education and Physician Development for the Carolinas HealthCare System in North Carolina. In that role, she led a number of medical education initiatives across the professional development continuum, including graduate medical education accreditation, as well as physician leadership development for the large integrated healthcare system. She concurrently served as Associate Professor at the University of North Carolina School of Medicine, where she led curriculum and faculty development. She also held a faculty appointment in educational research at UNC-Charlotte where she taught social science research methods, led and collaborated on numerous studies of effective education. From 1996 to 2001, she was a member of the medical education faculty at the University of Virginia School of Medicine where she designed and led performance based assessments and simulation-enhanced curricula. She received her Bachelor's degree in Psychology from the University of Central Florida, and both her Master of Education and Ph.D. in Educational Psychology from the University of Virginia..

#### Shanteny Jackson

Shanteny Jackson is a Bilingual Certified Community Health Worker (CCHW) at Richmond City Health District. She is also the President of the VA-Community Health Worker Association. Shanteny holds a Master's degree in Counseling with a concentration in Human Services and Addition. She is known as a compassionate collaborator and community advocate. Shanteny has a strong service background, which speaks volume of her diverse work experiences. She enjoys giving back and being a helpful resource to her community. In her current role, Shanteny has had the opportunity to lead community and social projects.

#### Kevin Jordan

Kevin Jordan is a Community Health Worker currently working with Damien Ministries overseeing its HIV Prevention Services here in Washington DC. Work of scope ranges from doing street outreach to administrative and data reporting to funders. Kevin has five years of combined experience in public health, particularly in the HIV field.

Kevin Jordan first started as a Peer Advocate for Children's National Adolescent Education Program (APEP), a high school program for DC Public School students. He was an intern at the World Bank Group (WBG), Sustainable Development Network (SDN) where he had the opportunity to provide technical (IT) support. He volunteered for La Clinica del Pueblo (LCDP), and shortly after became a Promotor de Salud (Spanish for Health Promoter/Community Health Worker). Kevin was then appointed for the Health Impact Specialist position at the DC Department of Health, working on the IMPACT DMV 1509 project, a CDC funded grant that expands PrEP coverage and creating a holistic care model for populations at risk in the Washington Metropolitan area.

Kevin is a member of the University of Maryland College Park Community Advisory Board for DACA students. He is also part of the focus group for the research portion of the project as a DACA recipient himself. Additionally, he is a member of the Maryland Community Health Worker Advisory Committee appointed by Governor Larry Hogan. He is also involved with the Institute of Public Health Innovation (IPHI) Professional Association of Community Health Workers and DC Department of Health's CHW committee.

Kevin was born and raised in Mexico, before relocating the USA with his family as a child. He enjoys playing video games, doing calisthenics, and mobile photography. He is a proud owner of two cats.

#### Shreya Kangovi



Dr. Shreya Kangovi is the founding Executive Director of the Penn Center for Community Health Workers, and an Assistant Professor at the University of Pennsylvania Perelman School of Medicine. She is a leading expert on improving population health through evidence-based community health worker programs. Dr. Kangovi led the team that designed IMPaCT, a standardized, scalable community health worker program which has been delivered to nearly 10,000 high-risk patients and proven in three randomized controlled trials to improve chronic disease control, mental health and quality of care while reducing total hospital days by 65%. The IMPaCT program has been disseminated to over 1,000 organizations across the country and is being replicated by Veterans Affairs, state Medicaid programs and large integrated healthcare organizations in rural and urban settings. Dr. Kangovi has authored numerous scientific publications in publications such as NEJM, JAMA and Health Affairs and received over \$20M in funding, including federal grants from the NIH and Patient-Centered Outcomes Research Institute (PCORI). Dr. Kangovi founded the Penn Center for Community Health Workers, a national center of excellence dedicated to advancing health in low-income populations through effective community health worker programs.

#### Laura Rasar King

Laura Rasar King, EdD, MPH serves as the Executive Director of the Council on Education for Public Health. Dr. King has more than 15 years of experience leading public health and higher education organizations in their quality assurance and improvement efforts. Her work and career have focused on bridging the gap between the needs of the public health workforce and academic public health. Working together with faculty, practitioners, alumni, academic administrators, and employers in a multi-year process, CEPH developed outcomes-focused accreditation criteria for both the MPH and DrPH programs. These criteria require specific foundational competencies of all graduate students for the first time since the inception of accreditation in public health. Under her leadership, the organization has more than doubled the number of accredited public health schools and programs, initiated accreditation of undergraduate public health programs, and extended its reach internationally.

Dr. King has served in an integral role in advancing workforce development efforts in public health through her professional activities. As a member of the National Board of Public Health Examiners since 2013, she served on the Job Task Analysis steering committee which completed the first-ever survey and analysis of the tasks in which public health practitioners, in all settings, are engaged on a day-to-day basis. She participates regularly on task forces and work groups led by the Association of Schools and Programs in Public Health, advising on issues such as articulation between undergraduate and graduate public health education and innovations in pedagogy. She offered her accreditation expertise and supported the development of the Public Health Accreditation Board, serving on their Workforce Think Tank (2011-13) and Assessment Process Work Group (2008-14). She also served as a member of the Division Board for Professional Development of the National Commission for Health Education Credentialing (2004-09) as well as the National Task Force for Accreditation in Health Education. In addition, she has served in a variety of appointed and elected positions in the American Public Health Association, including as a member of the Education Board. She was the 2002 Judith R. Miller Award recipient for service to the PHEHP section and APHA in support of the practice and profession of health education.

Dr. King also serves in a variety of capacities in the higher education accreditation community. She is the Immediate Past Chair of the Association of Specialized and Professional Accreditors (ASPA), where she



also serves as chair of the Education Policy Committee. In her role with ASPA, she testified before the Senate Health, Education, Labor and Pensions Committee about professional education and specialized accreditation and currently serves as the primary negotiator for specialized accreditation in the Accreditation and Innovation Negotiated Rulemaking process as regulations are developed for the Higher Education Act. She regularly advocates for professional education and its connection to workforce needs, especially in the health professions, and the importance of quality assurance programs at a national level. Dr. King is a frequent speaker on higher education, accreditation, academic public health and public health workforce issues. She has published several articles in public health journals including: American Journal of Public Health, Health Education & Behavior, Health Promotion Practice, and Frontiers in Public Health.

Dr. King earned an EdD in organizational development from Northeastern University. Her dissertation work focused on the development and design of DrPH programs in schools of public health. She holds an MPH in health promotion and disease prevention from The George Washington University Milken Institute School of Public Health and BA in psychology from American University.

#### Sanne Magnan<sup>†</sup>

Sanne Magnan, M.D., Ph.D., is the co-chair of the Roundtable on Population Health Improvement of the National Academies of Sciences, Engineering and Medicine. She is the former President and CEO of the Institute for Clinical Systems Improvement (ICSI) (2006-2007; 2011-2016). In 2007, she was appointed Commissioner of the Minnesota Department of Health by Minnesota Governor Tim Pawlenty. She served from 2007 to 2010 and had significant responsibility for implementation of Minnesota's 2008 health reform legislation, including the Statewide Health Improvement Program (SHIP), standardized quality reporting, development of provider peer grouping, certification process for health care homes, and baskets of care. Dr. Magnan was a staff physician at the Tuberculosis Clinic at St. Paul - Ramsey County Department of Public Health (2002-2015). She was a member of the Population-based Payment Model Workgroup of the Healthcare Payment Learning and Action Network (2015-2016) and a member of the CMS Multisector Collaboration Measure Development Technical Expert Panel (2016). She is on Epic's Population Health Steering Board and on Healthy People 2030 Engagement Subcommittee. She served on the board of MN Community Measurement and the board of NorthPoint Health & Wellness Center, a federally qualified health center and part of Hennepin Health. Her previous experience also includes vice president and medical director of Consumer Health at Blue Cross and Blue Shield of Minnesota. Currently, she is a Senior Fellow with HealthPartners Institute, and adjunct assistant professor of medicine at the University of Minnesota. Dr. Magnan holds a M.D. and a Ph.D. in medicinal chemistry from the University of Minnesota, and is a board-certified internist.

#### Phyllis Meadows<sup>†\*</sup>

As a Senior Fellow in the Health Program, Phyllis D. Meadows, Ph.D., R.N., M.S.N., engages in all levels of grantmaking activity. Since joining The Kresge Foundation in 2009, she has advised the Health team on the development of its overall strategic direction and provided leadership in the design and implementation of grantmaking initiatives and projects. Phyllis also has coached team members and created linkages to national organizations and experts in the health field. In addition, she regularly reviews grant proposals, aids prospective grantees in preparing funding requests, and provides healthrelated expertise. "As a health professional, it is gratifying to see that Kresge recognizes the importance of public health and has made a major commitment to investing in the sector," Phyllis says. "This is a fabulous opportunity for me to work on the ground floor with a major national foundation in shaping the direction and scope of its philanthropic funding for health." Phyllis' 30-year career spans the nursing, public health, academic, and philanthropic sectors. She is associate dean for practice at the University of Michigan's School of Public Health and has lectured at Wayne State University's School of

Nursing, Oakland University's School of Nursing, and Marygrove College. From 2004 to 2009, Phyllis served as deputy director, director, and public health officer at the Detroit Department of Health and Wellness Promotion. In the early 1990s, she traveled abroad as a Kellogg International Leadership Fellow and subsequently joined the W.K. Kellogg Foundation as a program director. She also served as director of nursing for The Medical Team – Michigan

#### Dwyan Monroe

As Program Coordinator of CHW Initiatives with the Institute for Public Health Innovation (IPHI), Dwyan is part of a team that designs, plans, and delivers training and technical assistance for programs, institutions and health systems incorporating CHWs and outreach initiatives in the DC, MD and VA region. She also coaches and supports all IPHI CHWs and manages CHW trainings through the IPHI Center for the Community Health Workforce. IPHI and Dwyan both are widely recognized in the region and nationally for their expertise related to CHWs.

A former Community Health Worker and current CHW Master Trainer, Dwyan has nearly 25 years of experience as an advocate for the community health worker profession. In 2006, she was appointed Director of the New Jersey Community Health Worker Institute, a New Jersey statewide federally funded initiative of the New Jersey Area Health Education Centers. Prior to the New Jersey appointment, Ms. Monroe worked as a Research Program Coordinator in several clinical and community-based research programs at Johns Hopkins University from 1997-2003.

Dwyan is a graduate of Hampton University with a Bachelor of Arts in Psychology. She has completed numerous certificate programs in public health leadership, community and clinical health outreach and community-based program development.

#### Jeremy Moseley\*

Jeremy was born in Kinston, NC, and attended UNC-Chapel Hill and East Carolina University, with foci in public health, policy, analysis, and management. He worked for the NC Division of Public Health for 4 years, Duke University, and other health care organizations before coming to WFBMC in 2011. He is Director of Community Engagement in FaithHealth. His hobbies include listening to jazz, watching sports and spending time with his family.

#### Karen Murphy†\*

Dr. Karen Murphy is executive vice president, chief innovation officer and founding director of the Steele Institute for Healthcare Innovation at Geisinger.

Dr. Murphy has worked to improve and transform healthcare delivery throughout her career in both the public and private sectors. Before joining Geisinger, she served as Pennsylvania's secretary of health addressing the most significant health issues facing the state, including the opioid epidemic. Prior to her role as secretary, Dr. Murphy served as director of the State Innovation Models Initiative at the Centers for Medicare and Medicaid Services leading a \$990 million CMS investment designed to accelerate health care innovation across the United States. She previously served as president and chief executive officer of the Moses Taylor Health Care System in Scranton, and as founder and chief executive officer of Physicians Health Alliance, Inc., an integrated medical group practice within Moses Taylor.

Dr. Murphy earned her doctor of philosophy in business administration from the Temple University Fox School of Business. She holds a master's of business administration from Marywood University, a bachelor of science in liberal arts from the University of Scranton, and a diploma in nursing from the Scranton State Hospital School of Nursing.



An author and national speaker on health policy and innovation, Dr. Murphy also serves as a clinical faculty member at Geisinger Commonwealth School of Medicine.

#### Adriana Rodriguez Palacios

My name is Adriana Rodriguez Palacios, I'm originally from Mexico City. I arrived to Oregon in my middle school years and have been there ever since. My work with Promotores de Salud de la Iglesia began in 2006 doing that work motivated me to continue my education in public health and at the same time continue to advocate for community health workers in the workforce. In 2012 I joined my colleagues in the birthing of ORCHWA and continue to serve in the board and work with the community as CHW.

#### Kalpana Ramiah



Ramiah has a well-established career in public health and health services research that spans two decades. She has extensive experience conducting research and managing federally and privately funded technical assistance projects and research programs. She is highly skilled in patient and family engagement, population health, and measures and materials development.

Before joining Essential Hospitals Institute, Ramiah was a principal researcher at the American Institutes for Research and an assistant research professor at The George Washington University (GWU). She managed several major projects in patient engagement; health promotion and disease prevention; quality improvement; cost and coverage; and equity. At GWU, Ramiah oversaw the technical assistance portfolio of the Robert Wood Johnson Foundation's Aligning Forces for Quality.

Ramiah holds a doctorate degree in public health and a master's degree in public health from GWU. She also holds bachelor's and master's degrees in nutrition. Ramiah is part of a number of advisory committees and technical expert panels nationally.

#### Michael Rhein



Michael Rhein is the President & CEO of the Institute for Public Health Innovation (IPHI). As the official public health institute serving Maryland, Virginia and the District of Columbia, IPHI develops multi-sector partnerships and innovative solutions to improve the public's health and well-being across the region, with a focus on strengthening health systems and policy, enhancing community conditions that promote health, and building community capacity to ensure equitable health opportunities for all. Mr. Rhein was involved in launching IPHI in 2009-2010 and has led its first decade of growth and success.

Mr. Rhein's public health career spans 25 years with such organizations as CommonHealth ACTION, the National AIDS Fund, National Association of County and City Health Officials, and the Metropolitan Washington Council of Governments. His experience ranges from developing and implementing large-scale national initiatives to working alongside community organizations to design and implement effective public health efforts at a local level. Throughout his career, he has served in intermediary roles, helping to broker public and private resources and facilitate practical support for communities. This has involved collaborating with the large national private foundations and corporations; federal, state and local government agencies; local foundations; academia; health care providers; community-based organizations; and other partners across the country and locally in the DC-MD-VA region.

#### Anna Ricklin

Anna Ricklin, AICP is a passionate advocate for healthy communities. She currently serves as the first Health in All Policies Manager for the Fairfax County, VA Health Department, where she acts as a health ambassador across county agencies. In this role, Anna promotes the integration of public health

objectives into county plans, policies, and building projects. Formerly, Anna led the American Planning Association's Planning and Community Health Center, where she oversaw applied research and place-based initiatives to advance healthy planning practice. She has a background in health impact assessment, active transportation planning, and cross-sector collaboration, as well as recent work establishing metrics for healthy planning. Anna holds a Master of Health Sciences from the Johns Hopkins Bloomberg School of Public Health and is based in Washington, DC.

#### Sagar Shah

Sagar Shah is a research associate at the American Planning Association's Planning and Community Health Center. He holds a doctoral degree in regional development planning from the University of Cincinnati with a focus on healthy urban planning. Shah is currently involved in applied research projects at APA, connecting urban planning and public health. Previously he worked on the CDC-funded Communities Putting Prevention to Work program, where he contributed his planning expertise and worked closely with the local health department and community partners. His research interest includes investigating the complex relationship between built environment and health through the lens of social equity.

#### Josh Sharfstein†\*



Joshua M. Sharfstein, M.D., is Vice Dean for Public Health Practice and Community Engagement and Professor of the Practice in Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. He is also the Director of the Bloomberg American Health Initiative. His book, the Public Health Crisis Survival Guide: Leadership and Management in Trying Times, will be published in May 2018 by Oxford University Press. Previously, Dr. Sharfstein served as Secretary of the Maryland Department of Health and Mental Hygiene from January 2011 to December 2014. In this position, he led efforts to align Maryland's health care system with improved health outcomes, culminating in the adoption of a revised payment model for all hospital care for Maryland residents. He also oversaw the development of a statewide health improvement process with 18 local public-private coalitions and the reshaping of state's approach to health information exchange, long-term care, and behavioral health. From March 2009 to January 2011, Dr. Sharfstein served as Principal Deputy Commissioner of the U.S. Food and Drug Administration, where he oversaw the agency's successful performance management and transparency initiatives. From December 2005 to March 2009, as Commissioner of Health for Baltimore City, Dr. Sharfstein led innovative efforts that contributed to major declines in both overdose deaths and infant mortality rates. From July 2001 to December 2005, as minority professional staff and health policy advisor for Congressman Henry A. Waxman, Dr. Sharfstein was engaged in a wide range of oversight and legislative activities on health care topics, including emergency preparedness, HIV, and the politicization of science. Dr. Sharfstein graduated summa cum laude with an A.B. in Social Studies from Harvard College in 1991. From August 1991 to August 1992, he worked on public health projects in Guatemala and Costa Rica with a Frederick Sheldon Prize Fellowship. He graduated from Harvard Medical School in 1996, from the Boston Combined Residency Program in Pediatrics at Boston Medical Center and Children's Hospital in 1999, and from the fellowship in general academic pediatrics at the Boston University School of Medicine in 2001. Dr. Sharfstein is an elected fellow of the Institute of Medicine (2014) and the National Academy of Public Administration (2013). He serves on the Board of Population Health and Public Health Practice of the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine and on the editorial board of the Journal of the American Medical Association. His awards have included the Jay S. Drotman Memorial Award from the American Public Health Association (1994), Public Official of the Year from Governing Magazine (2008) and the Circle of Commendation Award from the Consumer Product Safety Commission (2013).

Brian D. Smedley is co-founder and Executive Director of the National Collaborative for Health Equity, a project that connects research, policy analysis and communications with on-the-ground activism to advance health equity. In this role, Dr. Smedley oversees several initiatives designed to improve opportunities for good health for people of color and undo the health consequences of racism. From 2008 to 2014, Dr. Smedley was Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies in Washington, D.C., a research and policy organization focused on addressing the needs of communities of color.

#### Michelle Spencer

Michelle Spencer is the Associate Director of the Bloomberg American Health Initiative and Associate Scientist within the Department of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health. She has over 20 years of experience in public health management and leadership and a wealth of experience in administrative and operational management, strategic planning, resource management, and policy development. She previously served as the Director of the Prevention and Health Promotion Administration at the Maryland Department of Health and Mental Hygiene and Director of the Maryland Health Enterprise Zone initiative. She oversaw the Department's core public health programs that included Maternal and Child Health, Infectious Disease Epidemiology and Outbreak Response, Infectious Disease Prevention and Health Services, Environmental Health, and Primary Care and Community Health. Mrs. Spencer's focuses on addressing the preventable nature of public health issues through integrated, evidence-based approaches with emphasis on reducing disparities and advancing health equity. Spencer served as the Chief of Staff of the Baltimore City Health Department from 2004 – 2012.

#### Noelle Wiggins

Noelle Wiggins is the Senior Research and Evaluation Consultant for the Oregon Community Health Workers Association (ORCHWA) and a consultant in private practice. She has had the pleasure and honor of working with Community Health Workers/promotores/as for more than 30 years. She began her work with CHWs in a rural area of El Salvador where she lived from 1986 to 1990. From 1990 to 1995, Dr. Wiggins directed La Familia Sana (The Healthy Family), a CHW program in the migrant and seasonal working community in Hood River, OR. She served as Assoc. Director of the landmark 1998 Natl. Community Health Advisor Study and lead author on the chapter on Roles and Competencies of CHWs. Dr. Wiggins founded the Community Capacitation Center at the Multnomah County Health Dept. in Portland, OR, and directed that program for 18 years. She is a co-founder of ORCHWA and a Past President of the Oregon Public Health Association. She has published multiple peer-reviewed articles and presented at many conferences.

Thanks to financial aid, Dr. Wiggins earned a BA in History with honors from Yale, a Master's of Science from the Harvard School of Public Health, and an EdD from Portland State University. She is passionate about using popular/people's education for CHW training; preparing CHWs to play a wide range of roles; supporting professional development for CHWs; and engaging CHWs in community-based participatory research and evaluation.

#### Katie Wunderlich

Ms. Wunderlitch began her tenure as Executive Director of the Health Services Cost Review Commission in September 2018. In that role, she will lead the Commission through the transition from the hospital-based All-Payer Model to the Total Cost of Care Model, which focuses on hospital and non-hospital system transformation that enhances patient care, improves health, and lowers costs. Previously, Ms.

Wunderlich was the Principal Deputy Director at HSCRC overseeing the Center for Provider Alignment and Engagement that works with hospitals, physicians and other health care providers in partnership with patients to achieve the goals of the new model and transform healthcare delivery. Ms. Wunderlich also directs legislative advocacy efforts for HSCRC for issues before the Maryland General Assembly and with Maryland's Congressional Delegation. Before joining the HSCRC in 2016, Ms. Wunderlich was a Deputy Legislative Officer in Governor Hogan's Legislative Office. She also served as Director of Government Relations for the Maryland Hospital Association and as a budget analyst for the General Assembly's Legislative Services department. She holds a Master of Public Policy degree from George Washington University.

## LUNCH OPTIONS

**Guests are welcome to eat in Keck Center's cafeteria on the 3<sup>rd</sup> floor.**

Absolute Noodle and Sushi Bar	\$\$ · Thai · 521 G St NW	ChopHouse & Brewery
\$\$ · Japanese · 772 5th St NW	Classic Thai fare in cheery surrounds	\$\$ · Restaurant · 509 7th St NW #1
Contemporary go-to for Pan-Asian eats		Steaks & chops in a micro-brewhouse
	Momiji	
	\$\$ · Japanese · 505 H St NW	Wiseguy Pizza
Bantam King	Sushi house with popular happy hour	\$ · Pizza · 300 Massachusetts Ave NW #1
\$ · Ramen · 501 G St NW		
Colorful ramen & fried chicken joint	Penn Commons	Big Apple-themed pizzeria
	\$\$ · American · 700 6th St NW	
Daikaya Ramen Izakaya	American fare in industrial-chic space	Subway Restaurants
\$\$ · Japanese · 705 6th St NW		\$ · Sandwich · Law Center, Georgetown University, 550 1st St NW
Hip joint for Japanese noodle soups	Luke's Lobster Penn Quarter	Build-your-own sandwich chain
	\$\$ · Seafood · 624 E St NW	
Irish Channel Restaurant & Pub	Counter-serve lobster roll specialist	Jaleo
\$\$ · Irish Pub · 500 H St NW		
Irish & Cajun fare in a pub setting	Vapiano Chinatown 4	\$\$ · Spanish · 480 7th St NW
	\$\$ · Italian · 625 H St NW	Chef José Andrés' festive Spanish bistro
New Course Catering & Restaurant	Sleek chain for self-serve Italian fare	
Breakfast · 500 3rd St NW		
Compact spot for sandwiches & salads	Royal Thai Cuisine & Bar	Hill Country Barbecue Market
	\$\$ · Thai · 507 H St NW	\$\$ · Restaurant · 410 7th St NW
Fuel Pizza and Wings	Snug Thai eatery & bar with diverse menu	Texas-style BBQ, beer & live music
\$ · Pizza · 600 F St NW		HipCityVeg
Creative pies & a retro gas-station vibe	Bar Deco 4.1	\$\$ · Vegan · 712 7th St NW
	\$\$ · New American · 717 6th St NW	Cool counter serve for vegan fast food
Absolute Thai Restaurant	American bar & grill with rooftop patio	

### Carmine's Italian Restaurant

\$\$ · Italian · 425 7th Street NW at, E St NW

Huge family-style Italian restaurant

### The Greene Turtle Sports Bar & Grille

\$\$ · Restaurant · 601 F St NW

Classic sports bar with American fare

### CAVA

\$ · Mediterranean · 707 H St NW

Tapas-style Greek dining

### Zaytinya DC restaurant

\$\$\$ · Mediterranean · 701 9th St NW

Mediterranean meze in bustling setting

### Legal Sea Foods

\$\$\$ · Seafood · 704 7th St NW

Upscale seafood chain with cocktails

### Karma Modern Indian

\$\$ · Indian · 611 I St NW

Modern Indian fare in sleek surrounds

### BIBIBOP Asian Grill

\$ · Asian Fusion · 710 7th St NW

Open until 9:30 PM

### Nando's Peri-Peri

\$\$ · Portuguese · 819 7th St NW

Spicy Afro-Portuguese chicken chain

### Dirty Habit DC

\$\$\$ · New American · 555 8th St NW

Sleek spot for eclectic plates & drinks

### Clyde's

\$\$ · American · 707 7th St NW

Classic American fare & cocktails

### CIRCA at Chinatown

\$\$ · American · 781 7th St NW

Popular American dining & drinking hub

### Protein Bar & Kitchen

\$\$ · Health Food · 398 7th St NW

Fast food with a health focus

### Yard House 4.4 (676)

\$\$ · New American · 812 7th St NW

Upscale sports bar with many draft beers

### China Chilcano

\$\$ · Peruvian · 418 7th St NW

Lively spot for creative Peruvian fare






### Busboys and Poets

\$\$ · American · 450 K St NW

Books, coffee & a variety of global eats

# Floor 1



-  Conference Room
-  Phone Booths
-  PC Room
-  Copy Room
-  Restrooms

# Floor 2





## Dialogue about the Workforce for Population Health Improvement: A Workshop

Draft

### Readings and Resources

\* NOTE: These select readings and resources are intended to provide a sampling of the material available on topics covered during the workshop.

#### Panel 1 Resources: Perspectives from Professionals and Accrediting Organizations

Council on Education for Public Health. Accreditation Criteria: Schools of Public Health & Public Health Programs. Criteria D1-D3. [https://media.ceph.org/wp\\_assets/2016.Criteria.pdf](https://media.ceph.org/wp_assets/2016.Criteria.pdf)

De Beaumont Foundation. 2017 National Findings. Public Health Workforce Interests and Needs Survey (PH WINS). <https://www.debeaumont.org/phwins/>

Essential Hospitals Institute. 2016. Population Health at Essential Hospitals: Findings from Moving to Action for Hospitals and Population Health. America's Essential Hospitals. [https://essentialhospitals.org/wp-content/uploads/2016/11/RWJF-Report\\_HighRes.pdf](https://essentialhospitals.org/wp-content/uploads/2016/11/RWJF-Report_HighRes.pdf)

Journal issue, Journal of Public Health Management & Practice. March/April 2019 - Volume 25 - Supplement 2, Public Health Workforce Interests and Needs Survey 2017 <https://journals.lww.com/jphmp/toc/2019/03001>

Public Health Accreditation Board. Standards and Measures v 1.5. Domain 8 - Maintain a Competent Public Health Workforce, pgs 189-202. [https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM\\_WEB\\_LR1.pdf](https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf)

#### Panel 2 Resources: The Community Health Workforce

Brownstein, J. N., G. R. Hirsch, E. L. Rosenthal, and C. H. Rush. "Community health workers "101" for primary care providers and other stakeholders in health care systems." *The Journal of ambulatory care management* 34, no. 3 (2011): 210-220.

Brown, L. D., D. Vasquez, J. J. Salinas, X. Tang, and H. Balcázar. "Peer Reviewed: Evaluation of Healthy Fit: A Community Health Worker Model to Address Hispanic Health Disparities." *Preventing chronic disease* 15 (2018).

- Centers for Disease Control and Prevention. Division for Heart Disease and Stroke Prevention. Background on Statewide Community Health Worker (CHW) Certification. <https://www.cdc.gov/dhdsp/pubs/toolkits/chw-ta-background.htm>
- Kangovi, S. The Community Health Worker Boom. NEJM Catalyst. <https://catalyst.nejm.org/community-health-workers-boom/>
- Kangovi, S., Mitra, N., Norton, L., Harte, R., Zhao, X., Carter, T., Grande, D. and Long, J.A., 2018. Effect of community health worker support on clinical outcomes of low-income patients across primary care facilities: a randomized clinical trial. *JAMA internal medicine*, 178(12), pp.1635-1643.
- Kangovi, S., Grande, D. and Trinh-Shevrin, C., 2015. From rhetoric to reality—community health workers in post-reform US health care. *The New England journal of medicine*, 372(24), p.2277.
- Pittman, M., A. Sunderland, A. Broderick, and K. Barnett. 2014. Bringing Community Health Workers into the Mainstream of U.S. Health Care. Discussion Paper. Washington, DC: National Academy of Medicine. <https://nam.edu/wp-content/uploads/2015/06/chwpaper3.pdf> (accessed 3/8/19)
- Wesson, D., H. Kitzman, K. H. Halloran, and K. Tecson. "Innovative Population Health Model Associated With Reduced Emergency Department Use And Inpatient Hospitalizations." *Health Affairs* 37, no. 4 (2018): 543-550.
- Wiggins, N., S. Kaan, T. Rios-Campos, R. Gaonkar, E. Rees Morgan, and J. Robinson. "Preparing community health workers for their role as agents of social change: Experience of the Community Capacitation Center." *Journal of Community Practice* 21, no. 3 (2013): 186-202.

### **Panel 3 Resources: Cross-sector Workforce**

- Advancing Equity Through Workforce intermediary partnerships: Best Practices in Manufacturing, Services and Transportation Industries. [https://aflcio.org/sites/default/files/2017-11/WFAI\\_Equity-report\\_final.pdf](https://aflcio.org/sites/default/files/2017-11/WFAI_Equity-report_final.pdf)
- Association of Schools and Programs of Public Health. 2015. Framing the Future: Population Health across All Professions. Expert Panel Report. <https://s3.amazonaws.com/aspph-wp-production/app/uploads/2015/02/PHaAP.pdf>
- Bialek, R., 2018. From talk to action: the impact of public health department accreditation on workforce development. *Journal of Public Health Management and Practice*, 24, pp.S80-S82.
- Botchwey, N., S. Hobson, A. Dannenberg, K. Mumford, C. Contant, T. McMillan, R. Jackson, R. Lopez, & C. Winkle. 2009. A Model Curriculum for a Course on the Built Environment and Public Health: Training for an Interdisciplinary Workforce. *American Journal of Preventive Medicine* 36(2, Supplement), S63-S71. <https://doi.org/10.1016/j.amepre.2008.10.003>
- Botchwey, N. (2013). Public Health and Community Design Cross-Sectoral Workforce Development. Expert Panel Report supported by the National Prevention Strategy through CDC, NNPHI and in partnership with Georgia Institute of Technology.
- Build Healthy Places Network. 2019. Web Page. <https://www.buildhealthyplaces.org/> (accessed 3/8/19). (Website with tools and other resources for cross-sector collaboration)
- ChangeLab Solutions. 2019. A Roadmap for Health in All Policies: Collaborating to Win the Policy Marathon. [https://changelabsolutions.org/publications/HiAP\\_Roadmap](https://changelabsolutions.org/publications/HiAP_Roadmap) (accessed 3/7/19).

- Damio G., M. Ferraro, K. London, R. Pérez-Escamilla, and N. Wiggins. Addressing Social Determinants of Health through Community Health Workers: A Call to Action, Hispanic Health Council Policy Brief, Hartford CT, December 2017. <http://hispanichealthcouncil.org/images/Brief2018.pdf>
- Dyjack, D.T., N. Botchwey, & E. Marziale. (2013). Cross-sectoral Workforce Development: Examining the Intersection of Public Health and Community Design. *Journal of Public Health Management and Practice* 19(1): 9
- Koivosalu, M. and Sparks, M., 2012. Health in All Policies Framework for Country Action. <https://www.who.int/healthpromotion/frameworkforcountryaction/en/>
- Population Health Competencies. Public Health Foundation. [http://www.phf.org/resourcestools/Pages/Population\\_Health\\_Competencies.aspx](http://www.phf.org/resourcestools/Pages/Population_Health_Competencies.aspx)
- Plough, A. and P. Kuehnert. 2018. Making The Most Out Of Cross-Sector Collaboration. <https://www.healthaffairs.org/do/10.1377/hblog20180202.265650/full/>
- Rosenthal, E. L., P. Menking, and J. St. John.v2018. The Community Health Worker Core Consensus (C3) Project: A Report of the C3 Project Phase 1 and 2, Together Leaning Toward the Sky. A National Project to Inform CHW Policy and Practice. El Paso, TX: Texas Tech University Health Sciences Center, . <https://sph.uth.edu/dotAsset/55d79410-46d3-4988-a0c2-94876da1e08d.pdf> (accessed 2/28/19).
- Rudolph, L., J. Caplan, K Ben-Moshe, K., & Dillon, L. 2014. Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. <http://www.phi.org/resources/?resource=hiapgguide>
- Woolf. S., Chapan, D., Hill, L., Schoomaker, H., Wheeler, D., Smellings, L., Lee, J.H. Uneven opportunities How conditions for wellness vary across the metropolitan Washington region.

## Tabletop Exercise: Toward a Population Health Workforce

<b>Issue</b>	Go with the issue group identified on your packet <ol style="list-style-type: none"> <li>1. School absenteeism</li> <li>2. Affordable housing</li> <li>3. Food security</li> </ol>	
<b>Convener(s)</b>	Who will be the convener? E.g., county executive; regional health system; major regional non-profit [e.g., Y organization or a chamber of commerce]	<i>Suggestions:</i> <ul style="list-style-type: none"> <li>• Consider circumstances where an “honest broker” could be helpful</li> <li>• Convener invites people to the table with attention to: power imbalances, considers the levers each participant can activate</li> </ul>
<b>Broad “approach”</b>	<p>The broad approach (e.g., multi-faceted solution to the issue) does not need to be specified, but refers to the higher-order initiative or effort that workforce strategies are part of (e.g., a collective impact effort, a community development plan)</p> <p><b>Strategies:</b> e.g., a workforce plan, communication campaign, training program, [under]graduate dual degree program)</p> <p><b>Tactics:</b> e.g., CHW training, advocacy training, HIA training; public education effort or community deliberation; on the job certification (HIA, land-use); dual degree curriculum)</p> <p><b>Responsible partner(s):</b> e.g., church, school of public health, community-based organization, foundation, CDFI, supermarket, other business, health system</p>	<p><i>Suggestions:</i></p> <ul style="list-style-type: none"> <li>• Consider that for the 3 broad issues identified above, a workforce strategy will generally be part of a broader approach (e.g., a major initiative for policy change, economic development).</li> <li>• Set the context for the broader approach, but your focus should be on the workforce strategies that will be needed. Identify tactics and partners for each</li> <li>• Try to include all 3 categories on today’s agenda (e.g., health sector, CHWs and others, cross-sector) in your workforce strategies.</li> </ul>
<b>Funding</b>	<b>How will you pay for this?</b> (e.g., community benefit, property tax, new market tax credit, government or foundation grant, financing package from public and private sources)	

Given your background and what you heard today, how would you approach the issue? Draw on any knowledge they have of an evidence base that supports particular initiatives/approaches?

If you are a community health worker/educator/health official, you could play that role. Or, if a different role is needed in your group, draw on your knowledge to role play that.

- Please apply a health equity perspective to your discussion and role-play.

# 1 EDUCATION

Chronic absenteeism (missing 10% or more of school days,<sup>1</sup> or 15 days or more)<sup>2</sup> is a major challenge in Ourtown, USA, population 250,000. About 1 in 4 children in the Ourtown public schools miss 20.5 or more days of school a year. School absenteeism has been found to be 4-fold higher in students from low-income families where factors such as housing instability or inadequacy, health issues (e.g. asthma), safety concerns, family unemployment can be important contributors. For children, absenteeism is associated with delayed reading, school failure, and dropout. Children who are absent in pre-school, kindergarten or first grade are much less likely to read at grade level by 3<sup>rd</sup> grade and 4 times more likely to drop out of school. For the schools, absenteeism is associated with a loss of State funding that can amount to hundreds of thousands of dollars each year, limiting their ability to provide adequate educational resources to pupils.<sup>3</sup>

Last month, a summit on absenteeism was convened. The opening speaker asked “Whose primary job is it to focus on absenteeism?” and nobody raised their hand. Educators said their job was to teach students, clinicians said their job was to provide medical attention, and community leaders said their job was to support families through job training and other economic development.

Assembled leaders urged the county executive to call for a plan to end absenteeism. Under that plan, please describe workforce strategies, tactics, and designate the partner(s) responsible for each. Then explain how a newly empowered workforce across all three areas (if desired, or pick one) can come together and be held accountable in support of this effort. Please also add your suggestions for how this plan could be financed.

**Fill in the table based on your discussion and choose someone to report back.**

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<sup>1</sup> <https://www2.ed.gov/datastory/chronicabsenteeism.html>

<sup>2</sup> <https://healthyschoolscampaign.org/wp-content/uploads/2018/10/Education-Data-for-Health-Systems-Report-10-9-18.pdf>

<sup>3</sup> <https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html>

## 2 AFFORDABLE HOUSING

Housing affordability is a major concern in Ourtown, USA. Areas of this city of 500,000 are rapidly gentrifying, and high-priced condominiums are displacing lifelong residents. Rents have increased more than 50% over the last five years, and incomes have not kept up for many city residents—nearly 60 percent of Ourtown residents are rent-burdened, meaning that their rent consumes more than half of their income. Combined with a growing population of unhoused residents, the need for housing has never been greater.<sup>4</sup>

Over the last several years, local social service organizations, the health department, and the media have called attention to the growing housing crisis in the city. A wide range of partners came together to identify an approach to expand truly affordable housing in Ourtown. The facilitator at the kickoff meeting asked “Whose primary job is housing?” The department of housing and community development said “it’s our main job, but we can’t do it alone.” The health system CEO said that their community health needs assessment (as well as extensive news media coverage) had identified housing as a major need, and also learned that 10% of ED admissions are either homeless or at risk of homelessness,<sup>5</sup> and after further research and dialogue the system’s board decided to make a major investment. “Housing clearly is a health issue,” the hospital leadership said, “but we’re not housing experts, and we’re glad to be part of this broad coalition to tackle this issue.” The area’s renewable energy co-op became involved with the emerging housing coalition to inform efforts to make affordable housing sustainable for residents.

The coalition steering group called for a comprehensive affordable housing plan. Please describe workforce strategies, tactics, and designate the partner(s) responsible for each. Then explain how a newly empowered workforce across all three areas (if desired, or pick one) can come together to support and be held accountable for an expansion in affordable housing. Please also add your suggestions for how this plan could be financed.

**Fill in the table based on your discussion and choose someone to report back.**

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<sup>4</sup> <https://www.fastcompany.com/90291860/this-healthcare-giant-invests-millions-in-affordable-housing-to-keep-people-healthy> and <https://www.mercurynews.com/2017/10/05/lifestyle-switch-more-bay-area-residents-are-choosing-to-rent-than-ever-before-and-theyre-paying-through-the-nose/>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5391885/>

### 3 FOOD SECURITY/HEALTHY FOOD

Food security is a health issue in Ourtown, USA, population 750,000. About 1 in 5 children live in a household that has difficulty getting enough food, and especially obtaining fresh produce. The city has also lost a grocery store, which has left one area without reliable access to fresh food options. Associated with this challenge, city residents experience an obesity rate higher than the average American city.

The major local community non-profit convened a group of stakeholders/partners to discuss the issue and consider the options for strengthening the local food environment to tackle both food insecurity and poor health outcomes associated with obesity. (For example, the local school district has not adopted the community eligibility provision of Title I (of the Every Student Succeeds Act), which would reduce the administrative burden on school with low-income students who would benefit from free and reduced breakfast and lunch. To implement a healthy food environment strategy, the partners assembled identified some areas where communication, orientation, and training could equip all types of workers with knowledge and skills to advocate and take action in ways that can help address this community need.

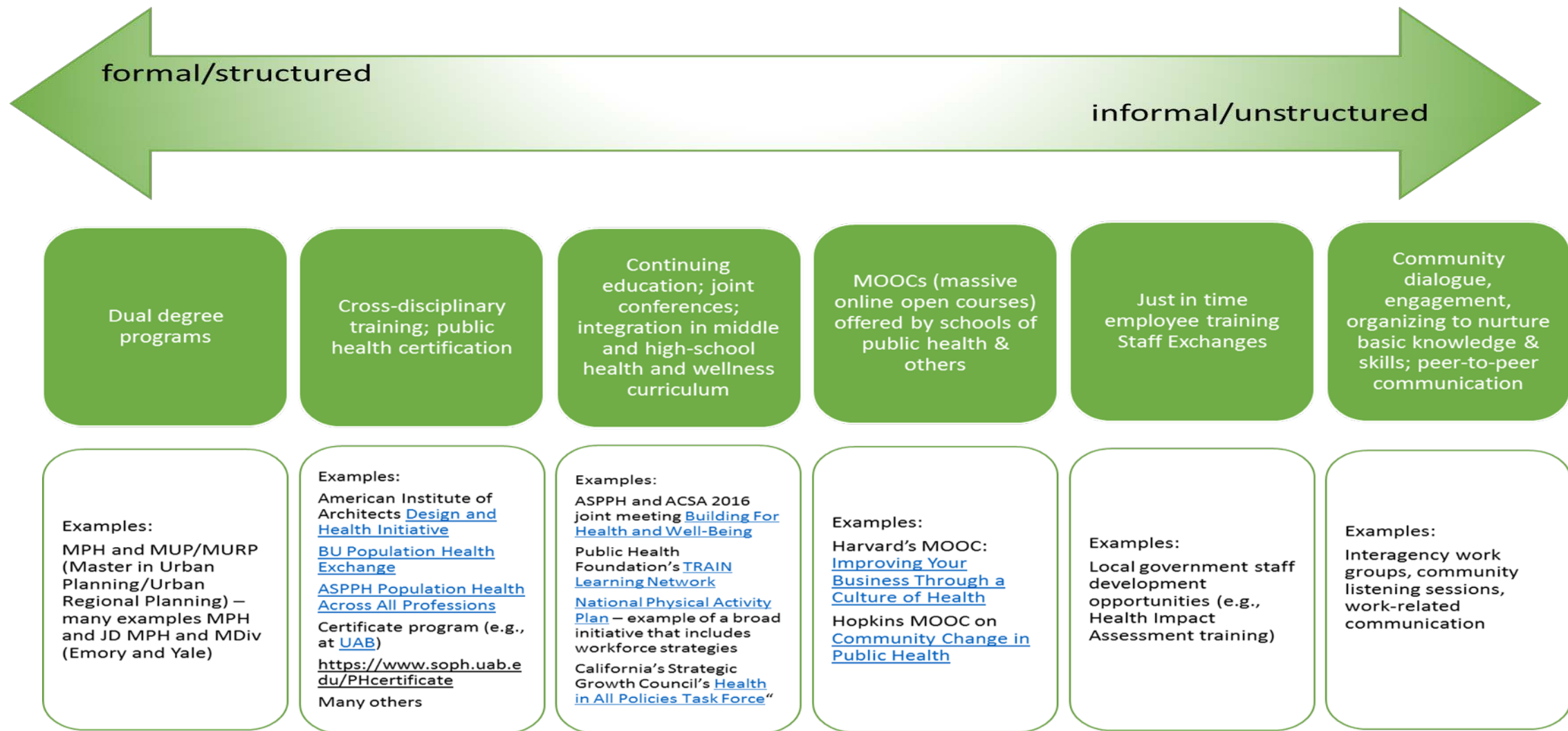
The group called for a comprehensive food security/healthy food plan. Please describe workforce strategies, tactics, and designate the partner(s) responsible for each. Then explain how a newly empowered workforce across all three areas (if desired, or pick one) can come together and be held accountable in support of this effort. Please also add your suggestions for how this plan could be financed.

**Fill in the table based on your discussion and choose someone to report back.**

**Small group worksheet (to be completed by scribe, and read by the facilitator/rapporteur)**

Issue:		
Convener(s):		
Partners:		
Approach: (may leave blank)		
Strategies	Tactics	Responsible partner
1.		
2.		
3.		
4.		





## Toward a Population Health Workforce\*

The term “population health workforce” does not refer to creating the workforce de novo. It is about helping many kinds of workers and future workers understand how they can and do contribute to population health and well-being either directly or indirectly. This figure illustrates the spectrum of opportunities and model strategies for introducing, communicating, sharing, and teaching population health knowledge—ranging from basic practical concepts to specialized graduate school curricula—to a wide range of practitioners, students, and audiences.

Note: This is for illustration only, and is not intended to be comprehensive. Also, others may choose to name or order the categories differently, to classify activities differently, or provide different examples.

\*Prepared by : NAS staff for the purposes of the workshop.

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

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

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

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

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

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

### **REPORTING AND RESOLUTION**

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

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

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

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

### **CONFIDENTIALITY**

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

*Updated June 7, 2018*