BOARD ON POPULATION HEALTH AND PUBLIC HEALTH PRACTICE

# Roundtable on Population Health Improvement

Annual Report 2013-2014







### INSTITUTE OF MEDICINE

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## Message from the Co-Chairs

**George Isham and David Kindig** 

The Roundtable's first 20 months have been exciting and productive. The Roundtable has brought together individuals and organizations that represent different sectors of society in an ongoing dialogue about what is needed to improve population health, focusing largely on factors found outside a doctor's office in the environment, in communities, and in society.

The Roundtable has at its foundation reports from the Institute of Medicine that have underscored several key aspects of health reality in the United States:

- That health care is just one of the determinants of health, with other factors, such as poverty, education, and a health-promoting environment, strongly influencing our health status;
- That it takes more than just health care organizations and governmental public health agencies to work on the solutions needed for better health in communities across the United States;
- That poor health takes a toll on our economic productivity and on our national bottom line, not to mention impaired quality of life for individuals, families, and communities; and
- That addressing behavior is necessary but not sufficient, because the places where people live, work, play, and learn strongly influence behavior and personal decisions.

As a member of the Roundtable recently pointed out, it was not easy for people to stop smoking when living in communities full of billboards advertising cigarettes. Presenters at our workshops have described how we have learned that people cannot be as healthy as possible when their environment does not support—and in some cases actively discourages—health-promoting choices. Examples include lack of quality early childhood education; economic underdevelopment and a dearth of good jobs; and unavailability of fresh food, playgrounds, sidewalks, and well-planned public transit. That brings us to the six organizing categories for the Roundtable's work, the first of which is **policy**—in both the public and private sectors—as a shaper of population health. The other categories include **metrics**, or the ways we measure progress; **communication** to persuade, engage, and mobilize; **research** to inform policies, programs, and interventions; **collaboration**, for synergy, efficiency, and multi-faceted solutions; and **resources** ranging from financial to human.

Through its workshops, the Roundtable has provided a venue to facilitate dialogue and showcase examples of noteworthy population health improvement efforts from around the United States that involve a variety of partners. We have examined promising practices for financing this work, for working across sectors, for movement building, and for communicating to advance health at the population level. In the coming year, the Roundtable will explore topics including the health care–public health relationship, measuring improvement, applying a health lens to private-sector policy, and frameworks to advance collaboration.

We look forward to another fruitful year for the Roundtable and working together toward a culture of health.



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

Dad Co. Koly

David Kindig Professor Emeritus, University of Wisconsin School of Medicine and Public Health

### **Looking Back**

#### **Roundtable Activities in 2013**

### Workshops

All workshops were webcast live; video and slide presentations for all workshops are archived at www.iom.edu/pophealthrt.

#### **Launch Meeting**

In April 2013, Harvey Fineberg, former president of the Institute of Medicine (IOM),¹ welcomed the members of the Roundtable at a launch meeting held in the Members Room at the National Academy of Sciences building in Washington, DC. Cathy Baase, Eduardo Sanchez, Steven Teutsch, David Williams, and Steven Woolf offered perspectives on what will be required to advance population health. These speakers reflected on the multi-sectoral and interdisciplinary nature of the approaches needed to advance the public's health, the legacy of deliberate policies that have created inequities in the social determinants of health, and the importance of recognizing that health care is just one of several important contributors to health outcomes. Together, the speakers emphasized that we as a nation and as stakeholders in health must pay far greater attention to the nonmedical factors that shape health.

#### **Population Health Implications of the Affordable Care Act**

In June 2013, the Roundtable's workshop showcased and facilitated discussion of stakeholder activities in improving population health by leveraging opportunities created by the Affordable Care Act (ACA). Population health refers not merely to the population of patients but to the health of entire communities. Opportunities to improve health also go well beyond what can be done in a doctor's office, extending to new ways of communicating about health, paying for care, and shaping "the conditions in which people can be healthy."<sup>2</sup>

<sup>&</sup>lt;sup>1</sup>Until June 2014.

<sup>&</sup>lt;sup>2</sup>IOM (Institute of Medicine). 1988. *The future of public health*. Washington, DC: National Academy Press, p. 40.

#### **Applying a Health Lens to Policies in Other Sectors**

The Roundtable held a public workshop on considering health impacts in policy making in September 2013. As several previous IOM reports<sup>3</sup> have noted, some of the main contributors to poor health in communities reside outside the health care delivery sector. For example, characteristics of the places we live, work, learn, and play influence our health. Therefore, decision making in such areas as transportation, housing, and agriculture at different levels of government, as well as in the private sector, warrants examination, research, dialogue, and action. Around the country, dialogue and action have involved, and in some cases have been initiated by, professionals and officials outside the health field. The Roundtable workshop focused on the cross-sectoral dialogue and action needed to support and inform thoughtful, evidence-based decisions that benefit health while achieving other important objectives (including economic development, efficient public transit, and education).

Accelerating a Movement to Improve Health and Promote Health Equity This December 2013 workshop was held in collaboration with the IOM's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities. The event featured presentations on and discussion of such topics as elements identified from the history and sociology of social change movements and optimizing how such elements are applied to present-day efforts nationally and across communities to improve the chances for long, healthy lives for all (i.e., with health equity). Social movements sociologist Francesca Polleta described the three elements for mobilizing a movement: political opportunities, existing structures and social groups that encourage participation, and resonant messages or "frames." Community organizer and scholar of social movements Marshall Ganz shared five core practices of movement building: relationships, storytelling, strategy, translating strategy

<sup>&</sup>lt;sup>3</sup>The For the Public's Health series is available at www.iom.edu/phstrategies.

to action, and designing structures for collaboration. Panel presenters provided examples of movement building efforts in the context of community organizing around issues of social and environmental justice, education, and health.

#### **Workshop Summary**

All Roundtable workshop summaries published to date are available for free download at www.iom.edu/pophealthrt under Report Releases.

In October 2013, the Roundtable's first workshop summary, *Population Health Implications of the Affordable Care Act*, was released. It offered a synopsis of a day of presentations on the promise offered by innovations and concepts emerging from ACA implementation for improving population health. Speakers highlighted topics ranging from the role of community health workers working to prevent obesity and the onset of chronic disease in the Central Valley of California, to the potential of accountable care organizations and other health and health care collaborative efforts at the community level to address underlying causes of poor health and reduce hospital readmissions and other preventable health problems.

### **Discussion Papers and Commentaries**

In 2013, a total of 11 papers were authored by individuals or groups of relevant experts on topics ranging from measuring population health to the role of economic policy in shaping health outcomes:

- Building the Science for a Population Health Movement
- HALE<sup>4</sup>—Unification Theory for Clinical Medicine and Population Health
- Health in All Policies: Improving Health Through Intersectoral Collaboration
- Economic Policy: An Important (But Overlooked) Piece of "Health in All Policies"

<sup>&</sup>lt;sup>4</sup>Health-Adjusted Life Expectancy, a summary measure of population health.

- The Business Role in Improving Health: Beyond Social Responsibility
- Paying for Population Health: A View of the Opportunity and Challenges in Health Care Reform
- Opportunity Knocks: Population Health in State Innovation Models
- A Bold Proposal for Advancing Population Health
- Building Capacity for Population Intervention Research in Primary Care
- A View from the Surgeon General: The National Prevention Strategy— Working Together to Become a More Healthy and Fit Nation
- Getting Serious About the Social Determinants of Health

#### **Other Activities**

In 2013, the Roundtable and staff developed a driver diagram to guide their work and organized the membership into working groups on each of the six driver categories identified: collaboration, communication, metrics, policy, research, and resources.

### **Looking Back**

#### **Roundtable Activities in 2014**

#### Workshops

All workshops were webcast live; video and slide presentations for all workshops are archived at www.iom.edu/pophealthrt.

#### **Resources for Population Health Improvement**

In February 2014, the Roundtable held a public workshop that featured presentations and discussion of the resources needed for population health improvement, beginning with an overview of a range of resources (e.g., financial, human, community) and followed by in-depth exploration of several dimensions related to financial resources. Examples highlighted ways in which health care organizations have diversified their investments in the communities they serve, and how community development financial institutions implement increasingly sophisticated strategies to make places—such as neighborhoods, day care centers, housing—more health-promoting.

#### The Role and Potential of Communities in Population Health Improvement

The Roundtable held a public workshop in April 2014 that explored the power of communities and partnering with them to improve health. The workshop featured selected speakers from communities across the United States who had taken steps to improve the health of their communities, and included discussion of the potential roles of communities for improving population health.

### Opportunities for Progress at the Interface of Health and Education

In keeping with the Roundtable's interest in engaging broadly across sectors and disciplines, the group hosted a June 2014 workshop on the nexus of health and education. The event was intended to (1) showcase a conversation about how what we know about the relationship between health and education can inform our nation's policies and investments; and (2) highlight examples and facilitate a dialogue about



Peter Orszag, keynote speaker at the June 2014 workshop on health and education.

how the health and education sectors can work together to achieve co-benefits (improvements in health status and in educational attainment).

### **Business Engagement in Achieving Population Health**

Business is a critical partner in building healthy communities, and in July 2014 the Roundtable held a workshop in New York City to explore business engagement in improving population health beyond the important work of workplace wellness and health promotion. Speakers included representatives of businesses (e.g., Dow, IBM, and business coalitions working on health) that have been active in efforts to improve the health of their communities. The workshop focused on the case for business engagement, what businesses can do, strategies for implementation, and how to partner with other community-based stakeholders.

#### **Communicating to Advance the Public's Health**

In September 2014, the Roundtable held a workshop on health communication, including science and best practices in the field. Discussion topics included lessons learned from recent and ongoing communication campaigns; the state of the evidence in communicating about health to diverse audiences; and approaches (e.g., story-telling, use of social media) to framing the issues and reaching audiences ranging from policy makers, diverse communities, and journalists themselves. Workshop participants used the hashtag #healthcomm in active social media engagement on Twitter.









Describing community needs and assets at the December 2014 workshop.

# Achieving Meaningful Population Health Outcomes: A Workshop on Spread and Scale

The Roundtable's final workshop of the year was held in New York City on December 4, 2014. The workshop featured lively presentations and discussions about the spread, scale, and sustainability of strategies to improve population health. Practitioners in health and nonhealth sectors working on evidence-based initiatives in global, national, and state contexts discussed a range of topics including tobacco control, environmental justice, homelessness, and childhood obesity. Speakers shared with the Roundtable what they had learned from spreading and scaling ideas, programs, practices, and policies, and spoke frankly about a variety of challenges and barriers to making meaningful impacts on population health outcomes.

#### **Workshop Summaries**

All Roundtable workshop summaries published to date are available for free download at www.iom.edu/pophealthrt under Report Releases.

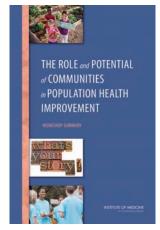
On December 18, 2014, the workshop summary *Business Engagement in Building Healthy Communities* was released. It provides an overview of the workshop that focused on three broad themes: (1) why engaging in population health improvement is good for business; (2) how businesses can be effective key leaders in improving the health of communities; and (3) how businesses can engage in population health improvement. Presenters represented a diverse range of businesses and business coalitions that have acted to improve the health of their communities. They participated in panel discussions on business projects that have affected the health of communities, by intentional design or not, and also on strategies to increase and sustain business involvement in broader multi-stakeholder activities to improve community and population health.

Exploring Opportunities for Collaboration Between Health and Education to Improve Population Health was released on November 12, 2014, and it encapsulates insights shared by individuals working at the intersection of the health and education

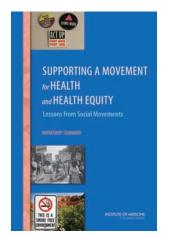
sectors. The workshop keynotes outlined two crucial issues: (1) the crises in U.S. health and education, as highlighted by the 2007 National Academy of Sciences, National Academy of Engineering, and IOM report *Rising Above the Gathering Storm: Energizing and Employing America for a Brighter Economic Future* and the 2013 National Research Council and IOM report *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, respectively, and (2) the growing, evidence-based recognition that delivering health care services is just one of the factors that shapes health and that the nation spends excessively on health care at the expense of other worthwhile social investments, such as in education. Amidst these vast challenges, there are numerous opportunities for the health and education sectors to work jointly to help achieve shared goals, and workshop panelists shared insights and lessons learned from such collaborative efforts.

The workshop summary *The Role and Potential of Communities in Population Health Improvement* was released on September 4, 2014. It provides an overview of a keynote presentation by Manuel Pastor, who advocates supporting communities collaboratively as they build the capacity to advocate for environmental justice. Each chapter expands on the strengths of communities, with a focus on youth organizing, community organizing, and the potential of communityinstitutional partnerships.

The workshop summary *Financing Population Health Improvement* was released on July 28, 2014. It offers an overview of a workshop that explored three types of financial resources that could serve to improve health: the resources



health care organizations can invest in to improve the conditions for better health in the community beyond hospital or clinic walls, the resources available from the community development and other nonprofit financial institutions, and resources from Wall Street, such as pay-for-success financing.



Supporting a Movement for Health and Health Equity:
Lessons from Social Movements was released in June 2014.
The workshop summary provides an overview of the dynamic presentations and discussion about movement building and lessons from the history of social movements. The document summarizes how historic injustices that sparked social movements often pointed to places—such as places where racism was physically manifest, and places where disregard for workers exposed them to dangerous conditions. More recently in the history of public health, the tobacco control movement successfully marshaled the scientific evidence to persuade the judiciary and the court of public opinion that places filled

with smoke were dangerous to health. The *Supporting a Movement for Health and Health Equity: Workshop-in-Brief*, was released in April 2014.

Applying a Health Lens to Decision Making in Non-Health Sectors was released in March 2014. It provides a summary of the September 2013 workshop, which explored the health implications of policies that shape a place: streets, public transit, green and civic places, and finding win-wins (or co-benefits) across sectors; for example, showing how sustainability, school gardens, or better public transit could save money or achieve other policy objectives and be good for health.

#### **Discussion Papers and Commentaries**

In 2014, 13 discussion papers and commentaries were published on the Roundtable's Web page on topics ranging from how to support youth to energize and mobilize communities for health improvement, to a synthesis and discussion of the literature on the relationship between health and education. Some papers were released to coincide with Roundtable events. All papers are available on the Roundtable website at www.iom.edu/pophealthrt under Perspectives.

- Why We Need Climate, Health, and Equity in All Policies
- Community, Movements, and Spread: It's the Process That Matters
- How Much Do Healthy Communities Cost?
- An Example of Effecting Change Through Community, Movement-Building, and Scaling Up
- The Power of Youth in Improving Community Conditions for Health
  Closing the Loop: Why We Need to Invest—and Reinvest—in Prevention
- Understanding the Relationship Between Education and Health
- Paying for Population Health: A Texas Innovation
- Governmental Public Health and the Economics of Adaptation to Population Health
- A Sustainable Financial Model for Community Health Systems
- Five Lessons from the Super Bowl for Improving Population Health
- Engaging the Public Through Communities of Solution and Collaborative Empowerment
- Safe Summer Parks Programs Reduce Violence and Improve Health in Los Angeles County

#### **Other Activities**

relevant IOM and outside activities.

In 2014, the Roundtable and its workgroups continued work on its driver diagram, including the development of action plans related to each of the driver categories, prioritizing short- and long-term activities and goals and preparing a workplan for the remainder of 2014 and 2015. Roundtable staff, with contributions from the communication work group, began working with the IOM communications office to develop materials for the Roundtable, beginning with an infographic. Work also began on a Roundtable video to serve as a calling card and conversation starter for members' outreach and to inform a

In March 2014, a small group met with communication experts to discuss the Roundtable's communication strategy and discuss the status of health communication pertinent to population health.

range of stakeholders. The Roundtable and staff continued to align efforts with other

In April 2014, the Roundtable staff director made a presentation at the Design + Health Summit of the American Institute of Architects. Her presentation, *Vitamins for the 21st Century: Valuing Design as a Tool for Primary Prevention*, and accompanying paper summarized IOM and National Research Council work at the intersection of health and the built environment, and gave an overview of the Roundtable's workshop on the topic.

An infographic based on the September 2013 workshop on cross-sector efforts that can improve health was released in July 2014 and is available at www.iom.edu/healthlens. The infographic, which has also been translated into Spanish, has proven to be a highly popular Roundtable product, with nearly 4,000 views on the IOM website.

Two Roundtable collaboratives—essentially "special interest groups" gathering under the auspices of the Roundtable, but engaging external partners—are under development: one on business and health and another on population health science.

During 2014, Roundtable staff and Roundtable Co-Chair David Kindig have informed the National Library of Medicine's (NLM's) effort to add a new MEDLINE/PubMed Population Health Special Query to the NLM website. The query searches a combination of relevant Medical Subject Headings (MeSHs) and key words in MEDLINE/PubMed to retrieve articles and resources that fit at least some aspect of the Kindig and Stoddart definition of population health.<sup>5</sup> The key words and search terms were selected by NLM librarians and staff and members of the Roundtable on Population Health Improvement. The search query currently retrieves more than 9,200 results. The search can be found at www.nlm.nih. gov/services/queries/population\_health\_strategy.html.

In 2014, the Roundtable co-sponsored with the IOM Executive Office the 2nd Annual DC Regional Public Health Challenge, which focused on the intersection

<sup>&</sup>lt;sup>5</sup>Population health refers to "the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The field of population health includes health outcomes, patterns of health determinants, and policies and interventions that link these to differences between groups of people" (Kindig and Stoddart, 2003, p. 380).



Case Challenge team from George Washington University.

between health and education, and namely, on ways to facilitate adult engagement in improving the educational experience of middle school students. On October 31, 2014, six teams from area universities, each including a faculty adviser, competed for a grand prize, special category prizes, and the chance to present at a follow-up event in early 2015. Judges included individuals with relevant expertise from the DC area and from the academic and philanthropic sectors. More information about the case challenge is available at www.iom.edu/casechallenge.

Roundtable members and staff conducted a scientific session at the American Public Health Association annual meeting in New Orleans in November 2014. Presentations by Terry Allan, Alina Baciu, George Flores, and Pamela Russo reflected on the relationship between health and place, as presented and discussed at the

Roundtable's first four workshops, which ranged from how the ACA encourages health care institutions to broaden their understanding of community, to the notion of applying a health lens to transportation, education, and housing policy.

In January 2014, a paper commissioned by the Roundtable was authored by individuals associated with HERO (Health Enhancement Research Organization) Employer–Community Collaboration Committee titled *Environmental Scan: Role of Corporate America in Community Health and Wellness.* The scan reviewed relevant literature, included a summary of conversations with business leaders, discussed the nonclinical determinants of health and implications for business investments in health care, and provided a discussion of the ways in which business investments can be lost or diminished if employees return after a day in a health-promoting workplace to an unhealthy neighborhood environment.

## **Looking Forward**

In 2015, the Roundtable members and staff will host six workshops and will launch two or more collaboratives (a mechanism that allows broad external engagement on topics of interest) in addition to continuing to build and refine the Roundtable's communication activities.

Workshop topics for 2015 will likely include

- 1. the public health-health care relationship,
- 2. the use of modeling to inform population health improvement efforts,
- 3. shaping policy (public and private sector) to improve health,
- 4. measuring population health improvement,
- 5. an exploration of gaps and needs in population health science, and
- **6.** exploring collaboration and networks.

### **Roundtable Members**

George J. Isham (Co-Chair)

HealthPartners, Inc.

David A. Kindig (Co-Chair)

University of Wisconsin

Terry Allan

National Association of County and City Health Officials, Cuyahoga County Board of

Health

**Catherine Baase** 

The Dow Chemical Company

**Gillian Barclay** 

Aetna Foundation

Raymond J. Baxter

Kaiser Permanente

Raphael Bostic

University of Southern California

Debbie I. Chang

Nemours

Carl Cohn

Claremont Graduate University

George R. Flores

The California Endowment

Jacqueline Martinez Garcel

New York State Health

Foundation

Mary Lou Goeke

United Way of Santa Cruz County Marthe R. Gold

City College of New York

**Garth Graham** 

Aetna Foundation

Peggy A. Honoré

Department of Health and Human Services

**Robert Hughes** 

Missouri Foundation for Health

Robert M. Kaplan

Agency for Healthcare Research and Quality

James Knickman

New York State Health Foundation

Paula Lantz

The George Washington University

Michelle Larkin

Robert Wood Johnson Foundation

Thomas A. LaVeist

Johns Hopkins University

Jeffrev Levi

Trust for America's Health

Sarah R. Linde

Health Resources and Services Administration Sanne Magnan

Institute for Clinical Systems
Improvement

Phyllis D. Meadows

Kresge Foundation; University of Michigan

Judith A. Monroe

Centers for Disease Control and Prevention

José T. Montero

Association of State and Territorial Health Officials; New Hampshire Division of Public Health Services

**Mary Pittman** 

Public Health Institute

Pamela Russo

Robert Wood Johnson Foundation

Lila J. Finney Rutten

Mavo Clinic

Brian Sakurada

Novo Nordisk Inc.

Martin José Sepúlveda

**IBM** Corporation

**Andrew Webber** 

Maine Health Management Coalition

## **Roundtable Sponsorship**

**Aetna Foundation** 

The California Endowment

**California HealthCare Foundation** 

**Kresge Foundation** 

**Health Partners** 

**Health Resources and Services Administration** 

**Kaiser Permanente** 

**Mayo Clinic** 

**Missouri Foundation for Health** 

**National Association of City and County Health Officials** 

Nemours

**New York State Health Foundation** 

Novo Nordisk, Inc.

**Robert Wood Johnson Foundation** 

**Sanofi-Aventis** 

#### **About the Roundtable on Population Health Improvement**

The Institute of Medicine (IOM) Roundtable on Population Health Improvement was established in February 2013 to bring together philanthropy, community-based organizations, health care delivery, governmental public health, academia, and the business community, in a wide-ranging dialogue about what it will take to improve health in the United States and across diverse populations. Multiple IOM reports have added to a growing chorus of concern that while U.S. spending on health care services has no peer, the nation's performance as measured by key health metrics leaves much to be desired. Finding solutions calls for acknowledging that health is created by many different factors, and that child poverty, the high school dropout rate, and a lack of affordable housing, to name a few such factors, have far-reaching consequences for the health of individuals, communities, and the nation. Finding solutions will also require unusual partnerships and creative interactions across disciplines and sectors, involving a combination of individual resolve, community action, and societal commitment. To inform the dialogue among those seeking and implementing such solutions, the Roundtable holds six workshops per year to explore topics of interest and showcase promising examples and lessons learned. Information about past and upcoming events is available at the Roundtable's website at www.iom.edu/pophealthrt.

#### **Roundtable Vision and Mission**

The Roundtable's vision is of a strong, healthful, and productive society that 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. Altering these factors will require robust national and community-based actions and dependable resources to achieve them.

The Roundtable 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 from public health, health care, business, education, early childhood development, housing, agriculture, transportation, economic development, and nonprofit and faith-based organizations.

#### **Roundtable Staff**

ALINA B. BACIU

Project Director

COLIN F. FINK Senior Program Assistant

AMY GELLER Senior Program Officer

LYLA HERNANDEZ Senior Program Officer

ANDREW LEMERISE Research Associate

DARLA THOMPSON
Associate Program Officer

ROSE MARIE MARTINEZ Director, Board on Population Health and Public Health Practice



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