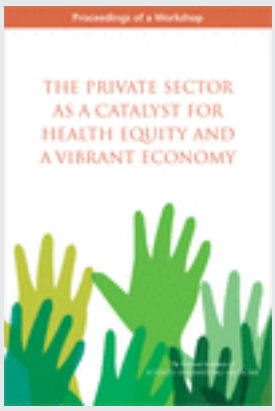

The Private Sector as a Catalyst for Health Equity and a Vibrant Economy: Proceedings of a Workshop

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THE PRIVATE SECTOR AS A CATALYST FOR HEALTH EQUITY AND A VIBRANT ECONOMY

Proceedings of a Workshop

Karen M. Anderson and Steve Olson, *Rapporteurs*

Roundtable on the Promotion of Health Equity
and the Elimination of Health Disparities

Board on Population Health and Public Health Practice

Health and Medicine Division

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This Proceedings of a Workshop has been reviewed in draft form by individuals chosen for their diverse perspectives and technical expertise. The purpose of this independent review is to provide candid and critical comments that will assist the institution in making its published Proceedings of a Workshop as sound as possible and to ensure that the Proceedings of a Workshop meets institutional standards for objectivity, evidence, and responsiveness to the study charge. The review comments and draft manuscript remain confidential to protect the integrity of the process. We wish to thank the following individuals for their review of this Proceedings of a Workshop:

Lisa Azu-Popow, Northwestern Memorial Healthcare
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Although the reviewers listed above have provided many constructive comments and suggestions, they did not see the final draft of the Proceedings of a Workshop before its release. The review of this Proceedings of a Workshop was overseen by **Eli Y. Adashi,** Brown University. He was responsible for making certain that an independent examination of this Proceedings of a Workshop was carried out in accordance with institutional procedures and that all review comments were carefully considered. Responsibility for the final content of this Proceedings of a Workshop rests entirely with the rapporteurs and the institution.

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Acronyms and Abbreviations

ACGME	Accreditation Council for Graduate Medical Education
AFL-CIO	American Federation of Labor and Congress of Industrial Organizations
CASL	Chinese American Service League
CLER	clinical learning environmental review
CLOCC	Consortium to Lower Obesity in Chicago Children
DSNI	Dudley Street Neighborhood Initiative
GEAR UP	Gaining Early Awareness and Readiness for Undergraduate Programs
GED	General Educational Development
MOOC	massive open online course
OECD	Organisation for Economic Co-operation and Development
PACE	Program of All-inclusive Care for the Elderly

1

Introduction and Organization of the Workshop[1]

A critical component of the nation's economic vitality is ensuring that all Americans can contribute and prosper. Such contributions presuppose an intentional focus on achieving the highest levels of health possible, which requires that conditions in communities, schools, workplaces, and other settings promote health and address the social determinants of health for all community members. Health-promoting opportunities include healthy housing; revitalized and healthy neighborhoods with low crime; access to healthy and affordable foods; safe places to play and promote physical activity; transportation that is reliable, affordable, and easily accessible to all; safe water systems; strong social networks; and good jobs that provide living wages and benefits as well as opportunities to move up a career ladder. These opportunity-rich environments can buffer the onslaught of toxic conditions that many people face every day and promote better health for all.

Many organizations, in both the private and public sectors, have been establishing partnerships to further healthy workplaces and health equity in general. Many are taking the lead in producing economic growth that is inclusive and responsive to the nation's diverse needs and populations. Increasingly, private–public partnerships are emerging as ways of doing business. Additionally, a variety of new developments in health, health care,

[1] The planning committee's role was limited to planning the workshop, and the Proceedings of a Workshop prepared by the workshop rapporteurs as a factual summary of what occurred at the workshop. Statements, recommendations, and opinions expressed are those of individual presenters and participants; they are not necessarily endorsed or verified by the National Academies of Sciences, Engineering, and Medicine and they should not be construed as reflecting any group consensus.

and community benefits obligations that are part of the Affordable Care Act have contributed to this interest in economic growth and health and in the creation of new partnerships.

To examine both past successes and future opportunities, the National Academies of Sciences, Engineering, and Medicine's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities held a workshop on November 5, 2015, at Northwestern University in Chicago, Illinois, titled "The Private Sector as a Catalyst for Health Equity and a Vibrant Economy." As is evident from the title, the workshop focused on the potential of the private sector to produce a triple bottom line: economic opportunity (including workforce development) and growth, healthy work and community environments, and improved employee health. At the same time, the workshop looked beyond the private sector to public–private partnerships and to public-sector actions that combine opportunities for economic growth and good health for all. Potential audiences for the observations made at the workshop include businesses and corporations, government agencies, sectors outside of health (including housing, education, planning, and transportation), philanthropy, policy makers, and new emerging leaders in health.

BACKGROUND FOR THE WORKSHOP

"Some businesses are really getting it," said Mildred Thompson, senior director of PolicyLink, in her introductory remarks."They're understanding that it is in their own best interests to take care of their employees and invest in their communities. . . . We are going to ground this day in understanding why businesses are critical partners in advancing health equity, and that the economy is tightly linked to the health of not only individuals but communities."

A major goal of the workshop was to produce cross talk, observed Melissa Simon, the George H. Gardner Professor of Clinical Gynecology and vice chair of clinical research in the Department of Obstetrics and Gynecology at Northwestern University's Feinberg School of Medicine. "We want to build bridges and not stay in our own health equity silo. Businesses across all sectors impact health equity in many ways. It's just not directly what they say they're doing," she added.

In many of the presentations and in a "World Café" held during lunch, private- and public-sector organizations showcased what they are doing to promote health at the individual, community, and workforce levels. (Appendix A contains brief descriptions of the organizations that presented information during the World Café session.) In addition, representatives of Northwestern University and the City of Chicago highlighted some of their many local actions being taken to achieve health equity. In his welcoming

remarks at the workshop, Clyde Yancy, vice dean for diversity and inclusion and Magerstadt Professor of Medicine at the Feinberg School of Medicine, said that the institution is at "the epicenter of change" in health care in the United States. "We can't be the top-tier institution to which we aspire unless we recognize that we live in a very different world," he said, adding "Heterogeneity is the rule of the day now. We need to be aware, we need to embrace, we need to include, and we're working very diligently to make that happen."

Achieving this goal requires that organizations embrace what Clancy called "Diversity 3.0." The term acknowledges the need for comprehensive health, where people who are ill, disabled, or at risk of adverse health outcomes can have these issues addressed regardless of their circumstances. Comprehensive health "is not just physical health," Yancy insisted. "It is emotional health, spiritual health, your ability to come to work and be fully engaged without being distracted by other issues. I would argue that one of those attributes of health is to feel comfortable that you are accepted in your work environment without requiring any caveats, explanations, or issues."

Finally, Jabbar Bennett, the associate provost for diversity and inclusion and associate professor of medicine at Northwestern, observed "Inequality truly hurts humanity, and I believe that's why we're all here today." Northwestern is committed to promoting health equity and eliminating health disparities, not just in greater Chicago but beyond, he said. As an example, he cited the Chicago Cancer Health Equity Collaborative that was recently established by Northwestern University, the University of Illinois–Chicago, and Northeastern Illinois University, which will be working with underserved communities to foster cancer research, education, training, and outreach. Such initiatives "do important work in our communities and among those who are truly underserved," Bennett said.

ORGANIZATION OF THE WORKSHOP

This report summarizes the presentations and discussions held at the workshop "The Private Sector as a Catalyst for Health Equity and a Vibrant Economy." The order of the presentations has been changed slightly from the workshop agenda, which appears in Appendix B, and observations made in the discussion sessions appear both in the summary of presentations and in separate sections within each chapter. Appendix C provides biographical sketches of the moderators and presenters.

Chapter 2 summarizes the keynote talk of William Spriggs, professor of economics at Howard University and chief economist at the AFL-CIO. Spriggs pointed to economic trends that have been widening disparities and contributing to adverse health outcomes. Public policies can reduce dispari-

ties, he argued, but policy makers need to pay attention to disparities and focus explicitly on reducing them.

Chapter 3 looks at workforce development initiatives in the Chicago area that address some of the concerns raised by Spriggs. Even in communities beset by high levels of unemployment and health problems, people can be given the skills and knowledge they need to succeed in the workplace, the speakers in this chapter observed.

Chapter 4 turns to the health care system, examining a large health care provider, the health and well-being program of a major employer, and the training of health care providers. Each of these organizations can affect not just the health of its own employees and customers but the health of partner organizations' members and surrounding communities.

Chapter 5 explores three community initiatives that have prominent health equity components. In each case, local initiatives not only serve community members but provide models and lessons learned for similar efforts elsewhere.

Finally, Chapter 6 provides a brief summary of the major topics raised at the workshop and touches on possible future actions.

2

Paying Attention to Disparities

In his keynote address at the workshop, William Spriggs, professor of economics at Howard University and chief economist at the AFL-CIO,[1] laid out some of the broad issues associated with the programs and policies discussed by later speakers. Broad economic trends have exacerbated inequities in the United States and other countries, he observed, which has contributed to health problems among major segments of the population. Purposeful public policies can counter these trends, but implementing such policies requires continued attention to disparities and the problems they cause.

DISPARITIES AND ECONOMIC GROWTH

"Organizations that used to be hostile to discussion of equality and equity have now become champions," Spriggs said. The Organisation for Economic Co-operation and Development (OECD), the World Bank, and the World Economic Forum all now proclaim that equality and economic growth go hand in hand, that health, education, and economic security benefit not just individuals but the economy as a whole.

The OECD, for example, has been documenting that higher levels of inequality prevent people in the bottom of the income distribution from making the investments in human capital needed to provide countries with a growing skilled labor force. This lack of investment in human capital can limit the economic growth of countries and the employment prospects of

[1] Spriggs also served as the assistant secretary for policy in the U.S. Department of Labor under President Obama.

individual workers. Public investments in workforce development can fill some of this investment gap (as discussed in the next chapter). But in the United States, such investments tend to focus on the bottom 20 percent of the income distribution, whereas the lack of investment actually applies to something like the bottom 40 percent, according to Spriggs.

Rising inequality further suppresses economic growth. Though economists continue to argue this point, when most income gains go to the wealthy, they are more likely to save those additional resources than devote them to consumption, which limits the economic growth that would accompany additional consumption. Furthermore, most of the people whose income stays the same tend to buy the same things from one year to the next, which also limits economic growth because the potential customer base is not expanding. From the end of World War II until 1979, incomes in the United States grew at all income levels, which provided many new customers buying new things. But since 1980, most income gains have gone to the upper-income levels, which suppresses the expansion of the customer base, said Spriggs. Since the year 2000, the median income level in the United States has not changed, meaning that the bottom half of the population overall has seen no increases in income.

With most income gains going to the upper end of the income distribution, businesses have to pursue consumers in that bracket, not a more general population. Furthermore, without the ability to sell to new customers, businesses have to try to lure customers from other businesses. One way they do that is by cutting costs to make their products cheaper. But that puts further downward pressure on the wages of their workers, exacerbating the problem. "When incomes keep going down, you are building in this downward spiral, and you're locking in inequality and choking off your own business," Spriggs observed.

Policy decisions have contributed to rising inequality, said Spriggs. Cutting taxes for higher-income Americans has not led to the creation of new business opportunities that would boost economic growth and distribute income more widely, he insisted. Furthermore, cutting income taxes has no effect on the bottom 40 percent of the population, because they already pay very little or no income tax. Even increases in the minimum wage, while welcome to people in those jobs, have relatively little effect on the overall economy, because so much of the national income is earned by people in higher-income brackets. President Obama's policies sought to distribute benefits to people in lower-income brackets through such changes as increases in benefits distributed through the Supplemental Nutrition Assistance Program, unemployment insurance, the earned income tax credit, and other programs. "But that took a deliberate effort and an eye to understanding how inequality affects how you set macroeconomic policy," said Spriggs, adding that "this is not always the case."

WORKER HEALTH AND THE BOTTOM LINE

The international business community clearly understands that it needs healthy workers. It hurts businesses when their workers miss days or are less productive because of illness. The problem is even more general, Spriggs noted. The United States has the lowest labor force participation among workers in the prime of their working years. "Why?" he asked. "Because we have the sickest set of workers among the OECD countries. We're just not healthy. When you look at the share of Americans who draw disability, when you look at the ranking for the United States for worker deaths, we rank in the bottom in the OECD. This is hurting our bottom line in the United States," he explained.

Economic growth depends on two factors: the size of the labor force and the productivity of that labor force. If workers retire at an early age or are less productive because they are disabled, that slows economic growth. In the past, high levels of immigration have somewhat offset the loss of workers, but immigration has slowed recently. "That means we have to look inward, and the key there is we have to get labor force participation rates up," said Spriggs.

In a democracy, the general rule of thumb is "one person, one vote," Spriggs noted. But in the marketplace, the rule of thumb is "one dollar, one vote." Health care providers tend to think in terms of individuals, which is akin to the democratic perspective. But the health care system in general is a market system, Spriggs observed, and "The market follows dollars; it doesn't follow people." One consequence of this market-driven perspective is that hospitals serving low-income communities are under intense financial pressures, and many have closed down, because they cannot remain financially viable.

In turn, the physicians' offices that used to surround hospitals have tended to move. The result is what Spriggs termed "health deserts"—regions that have no hospitals and very few physicians. In Washington, DC, only one hospital south of the Capitol serves a very large, predominantly low-income population. One argument is that the members of these populations can be served by outpatient clinics, but if that is the case, "Then why do all the wealthy people have hospitals near them?" Spriggs observed.

USING DISPARITIES TO ANALYZE PUBLIC POLICIES

In general, paying attention to disparities is a powerful way of understanding current realities and the effects of public policies, Spriggs pointed out. For example, some have argued that the privatization of Social Security would benefit African Americans because higher death rates in that community mean that fewer African Americans receive retirement ben-

efits. But Spriggs' own research has shown that many African Americans received Social Security benefits before retirement age, including the spouses and children of deceased workers and people who are disabled. Furthermore, many widows continue to receive Social Security benefits after their husbands die. Without paying attention to disparities among population groups, the full range of ways in which African Americans benefit from Social Security could be missed.

Similarly, disparities are important in health care because of the unequal ways in which some diseases affect population groups. For example, some African American women suffer from a more aggressive form of breast cancer that can rapidly spread between mammograms. Furthermore, more aggressive cancers can be more expensive to treat, putting further pressure on the hospitals that treat these patients. "If you don't focus on disparities, you don't find that out," Spriggs pointed out.

Employers want their employees to improve their health by not smoking and eating right. But they are not willing to give their employees more time off so they are less stressed on their jobs. Furthermore, without time off, seeing physicians can be more difficult, and workers who do not know their work schedules in advance have additional complications in making health care appointments. Workers who do not have regularly scheduled meals because of their jobs or because they work night shifts can have trouble sticking to a medicine that is designed for a more regular life. "These are complications which, if we don't have people paying attention to disparities, we are going to miss," he said. This is the case even in countries with universal access to health care, Spriggs added.

Disparities do not imply that population groups are somehow biologically different. "Please don't make race biological, because it is not," said Spriggs. But race in the United States is closely tied to disparities for cultural and historical reasons, which is why disparities remain important.

In short, concluded Spriggs, "Inequality matters. It does slow growth; this is unarguable." Addressing inequality requires designing policies that address disparities, which requires that advocates encourage people to "go out and vote, and make [political representatives] vote for the policies that matter," he said.

"Health matters. Equality matters. That's the bottom line."

ADDRESSING INEQUITIES

In the discussion session, Spriggs suggested three avenues for approaching these issues. One, for which he admitted that he has a conflict of interest, is to increase union representation. Over the past 30 years, he said, the productivity of workers has gone up by 29 percent, but real wages have gone up by only about 3 percent. Unions help channel the economic gains

of higher productivity toward workers rather than toward people in the upper-income brackets.

The second is to invest in human capital. "In the global world of the 21st century, higher education is as needed as high school education was needed in the 19th century," he said. A national public commitment to higher education would represent an investment in the nation's future.

Finally, better health is an investment in individuals even if it causes overall spending on health care to rise. "It's only natural that a richer country should spend more and more of its income on health," he said.

He also advocated public policies that can reduce the ruinous competition among states for jobs, which forces employers to reduce wages and benefits. In addition, businesses need to take longer-term perspectives than the price of the next quarter's stock shares, he said. "I'm not antibusiness. We need businesses, and we have an economic system that [used to] flourish and benefit everyone. But [businesses] need to play within the bounds that make it profitable for everyone. The reality is that it makes them even more profitable, and makes more of them profitable, if they take equity and equality into consideration," Spriggs explained.

3

Workforce Development Initiatives in the Chicago Area

Leveraging the resources of businesses and organizations to develop the workforce is an important approach to imparting social capital to surrounding communities. At the workshop, three presenters described programs in the Chicago area that use workforce development initiatives to improve individual health and well-being and strengthen communities. Though not explicitly intended to do so, these three presentations form a forceful response to Spriggs' call for reinvestment in human capital. Workforce development can prepare people for good jobs while giving them the tools, skills, and knowledge they need to remain healthy and build healthy communities.

WORKFORCE DEVELOPMENT AT STARBUCKS

The workforce of the United States will soon be dominated by millennials, noted Lisa Hampton, Midwest public affairs and programs manager for LeadersUp. By the year 2020, half of the workforce will consist of millennials, and 17 million baby boomers will retire by the year 2030.

The millennials have different expectations about work, said Hampton, which creates a different environment for employers looking for talent. For example, millennials tend to stay for shorter periods at their jobs, and the cost to replace every millennial who leaves a company is $15,000 to $20,000.

Many millennials are also disengaged from the workplace. One out of seven, or 5.5 million Americans between the ages of 18 and 24, were out of school and not working as of 2013. The cost of these disconnected

young people to taxpayers over their lifetime has been estimated at $1.6 trillion, Hampton said.

She referred to these young disconnected people as "opportunity youth," given the potential for workforce development to change their lives. Many have rich educational backgrounds, with both high school and college degrees, but their disengagement from the workforce makes it difficult for them to build an economic foundation for adult independence.

In Illinois, this disengagement takes the form of an 8.45 percent unemployment rate among young people, compared with a national unemployment rate of 7.2 percent, according to Hampton. The number of unemployed and out-of-school 18- to 24-year-olds in Chicago is 150,000. Among African American residents of Chicago, 25 percent are unemployed, and Chicago has the highest black unemployment rate of the nation's five most populous cities.

Meanwhile, employers are engaged in a war for talent. Fifty-three percent of employers see recruiting and retaining great talent as a major challenge, Hampton said. Fifty-four percent say the talent shortage has a high to medium impact on their ability to meet their clients' needs.

Starbucks has launched a major initiative in Chicago to connect young people to work. In this initiative, LeadersUp, which was established by Starbucks in 2013, is acting as a "chiropractor," said Hampton. "We try to align workforce development employers and youth talent. We don't try to displace individual organizations or what's going on in communities. We come to communities and help them identify where their talent is, where we can bring in the employer, and how those entities can work together." The goal is to get young people on a long-term career pathway. "That's the conversation we are having with employers," she explained.

In expanding its operations in Chicago, Starbucks does not necessarily know where to find young people, said Hampton. Nor do young people know how to find work. "There is clearly a disconnect," she said, adding that "Employers are saying that they can't find individuals, . . . and young people do not see themselves as potential employees for one of these companies."

To fill this gap, LeadersUp serves as a workforce intermediary. It tries to help millennials understand the benefits of staying in their jobs and taking advantage of such programs as profit sharing and tuition reimbursement. In this way, it also seeks to develop the buying power of millennials, Hampton noted. The African American and Latino communities have a combined annual purchasing power of more than $1.4 trillion, and the development of opportunity youth adds to that buying power. "It's hard to buy a $5 Starbucks coffee if you don't have a job. If I'm an employer, . . . I need people, particularly of this population of 18- to 24-year-olds, to be working, because of the buying power that they bring to the table," she said.

The public–private partnership between LeadersUp and Starbucks bridges the divide between the untapped potential of young people and

the business challenge of finding and keeping the best talent. The model is to build a pipeline of skilled talent, bring on board the next generation of workers, and retain and accelerate millennial leadership. As of the workshop, 32 employers had been engaged in Chicago, Columbus, and Los Angeles; 1,000 hires had been made; and the retention rate was 85 percent.

The organization has an intensive recruiting process, along with 2 days of empowerment instruction at the beginning of training. Trainees do site visits to see what worksites look like and to become more culturally competent in the workplace. One thing LeadersUp has found is that young people with a high school diploma or GED, even if they have not gone to college, can be very productive if they know how to work. "Even though someone has come from college, they don't necessarily know how to work," Hampton said.

LeadersUp also talks with employers about mentorship programs that can help new employees be more comfortable and aspire to advance in a company. Minority employees may have the feeling that "I don't see anyone who looks like me," said Hampton. Mentoring and other forms of professional development and encouragement can provide young people of color with the same opportunities other employees have.

Having employers at the table from the beginning is critical, said Hampton, both so they can specify their needs and so they can recognize where the talent is. When employers are asked what they want in employees, 8 of the top 10 things they cite are soft skills like communication, team work, taking initiative, and seeking guidance. Both employers and millennial employees are also interested in promotion within an organization. "It's a different idea around how you promote and explain to young people what their opportunity is within an organization," she said.

As an example, Hampton cited the organization's work with a café food group in Columbus that makes sandwiches for Starbucks. All of the youth hired for entry-level positions in the firm came through the LeadersUp model. Furthermore, the interview-to-hire ratio for LeadersUp trainees has been just three to one, which is much less than average. "When we work with opportunity youth, we focus a lot on training. We focus on getting them to understand, 'Is this a good match?' Once again, we are not just training to train, we are training with the understanding that these are clear pathways," she explained.

LeadersUp follows the experiences of young people, once they have been hired, to learn about problems they are encountering and work on solutions. For example, when new hires had trouble reaching their jobs in Columbus because of winter weather, the company hired a shuttle to take them from the bus stop to the plant.

Follow-up also has revealed that young people who come through the program are being promoted at a faster rate than other hires, partly because

the program teaches employees how to be visible, open, and available for promotion. "We want [employees] to understand 'You already possess these skills. You don't think that you have them, but you do,'" she said. In addition, many millennials are committed to going back to school if that can advance their careers; so, employers need to have a pathway for that, such as tuition reimbursement. For example, some of her placements into advanced manufacturing companies are going back to college in that area to add to their skill sets, she said, adding that "Education is a huge part of the conversation we have with employers."

LeadersUp is trying to produce what Hampton called an inclusive economy. By driving innovation, diversity expands the competitive advantage of companies, which creates a competitive economy, she explained. At the same time, opportunity youth gain improved quality of life through such factors as increased independence, better physical health and social relationships, and access to healthier living environments, while the home communities of opportunity youth become safer and more economically vibrant.

Sometimes, achieving these goals requires social innovations. For example, in Los Angeles Starbucks was having difficulty finding young people to hire because many had previous contact with law enforcement. Hampton said that "Starbucks managers were saying, 'We see these great kids and we want to hire them, but our Starbucks policy doesn't allow us to.'" To resolve the problem, the policy on background checks was changed so that young people with a criminal history can be hired so long as they have a letter of recommendation from a workforce development provider or a previous workplace supervisor.

Hampton concluded with a call to action to address systemic unemployment challenges:

- Educate yourself and your colleagues, neighbors, and friends by getting the facts about the systemic unemployment challenges our communities are facing and the opportunities we have to address them.
- Leverage your voice, skills, and services to partner with LeadersUp and organizations that are addressing this challenge.
- Advocate for companies to diversify recruitment strategies to include opportunity youth. Mentor and expose opportunity youth to career pathways.

"The young people that we work with in Los Angeles and Chicago are very committed and interested in getting connected to work," she concluded. "It's just about access. It's about being able to find employers and partnerships that are willing to give them opportunity," she concluded.

WORKPLACE DEVELOPMENT FOR EX-OFFENDERS

Sweet Beginnings is a transitional jobs program for formerly incarcerated individuals that produces honey and honey-based personal care products sold under the label of beelove™. It began, said its chief executive officer Brenda Palms Barber, who is also executive director of the North Lawndale Employment Network in the greater Chicago area, when a friend of hers asked, "Have you ever thought about beekeeping as a job for people coming out prison?" Palms Barber had been struggling with the typical responses of companies to former prisoners who had gone through her workforce development program: "Come back next week," or "We just filled that job." Said Palms Barber, "I began to understand what it felt like to have doors closed over and over and over again. I thought, 'I need to be responsive in a different way.'"

She sat down with some beekeepers and asked, "What does it require to be a beekeeper?" Their response was "It requires story-telling, passing on how to keep bees through word of mouth." In essence, it was a mentoring relationship between a beekeeper and apprentices. "I thought 'Ah, that makes sense!' No matter what your academic attainment was—because some folks come out of prison with a GED, some have less than that, and others have college educations—it doesn't matter in beekeeping. They can learn something wonderful by being still and listening and working with bees," she explained.

Learning about beekeeping was fascinating, she said. The colony works as a whole, and every bee has a role to play. It takes 50 bees to produce one teaspoon of honey, she said, adding that "It's amazing! You start to have such appreciation for how they communicate and how that community works together. I thought, 'What a beautiful analogy for how we could work around reintegrating people into the workplace.'"

Palms Barber also found herself becoming what she called "an accidental environmentalist." About the time she started the company, colony collapse disorder began to decimate bee populations. She learned about the importance of bees in ecosystems. She learned that urban honey is cleaner than rural honey because fewer pesticides are in urban areas than in rural environments, adding that "I learned that a third of the food that we consume has been pollinated by honeybees. Without the honeybee, eventually, we wouldn't be able to eat the foods, the fruits and vegetables, that require pollination."

She also learned more about healthy products and the choices people make. To be accepted at stores, the honey and skin products they made had to be clean, pure, and raw. "These conversations are brand new for many of the women we work with," said Palms Barber. "So maybe we can add health care advocate to the list." The experience has demonstrated that

"We can in fact be impactful about introducing health and lifestyle issues, particularly in an urban environment and broadening our community in that way," she explained.

Beelove products are sold in a variety of stores, including high-end stores like Whole Foods. When ex-offenders go into the stores to do demonstrations, the stores get to know them, and they get to know the stores. "Many of them have never stepped foot in a Whole Foods or Mariano's, because they shop in the neighborhood, if they can, where the food hasn't been rotated and the fruits and vegetables are something we wouldn't touch with a 10-foot pole," she said.

More than 400 people have been hired as employees of Sweet Beginnings, of whom less than 4 percent have returned to prison, compared with a national recidivism rate of 55 percent. They have learned how to develop and follow personal budgets and have had their credit repaired. Sweet Beginnings hires about 10 men and women per cohort, and each cohort works for 90 days. With four cohorts per year, roughly 40 men and women are hired through Sweet Beginnings annually. It used to make more hires, but it scaled back to improve the quality of the work experience. Having in essence a 400 percent turnover rate "has its own inherent challenges," said Palms Barber, explaining that "at the end of the day, our social enterprise is fulfilling its mission."

Men and women coming out of prison apply for positions at Sweet Beginnings and are evaluated on the basis of job readiness and other measures. They also can apply for positions with other companies through the North Lawndale Employment Network, which Palms Barber also directs.

When asked in the discussion session why the program has been so successful, Palms Barber pointed to the restoration of employees' self-worth, explaining that "We're excited to do that, not only from a reentry perspective but from a health care perspective as well." In response to a question about working with prisoners even before they leave jail, Palms Barber said that she was interested in that option, because "urban beekeeping is tough." One option would be to establish apiaries and partnerships with prisons so that people have jobs as soon as they leave and do not have to look for one.

Sweet Beginnings has received many inquiries about replicating the model in other places. After 10 years, it has begun to turn a profit on the sales of its products, which makes the model especially attractive. It has been working with the W.K. Kellogg Foundation to develop a replication toolkit that would ease the process of establishing Sweet Beginnings operations elsewhere.

CREATING A STRONG BASE FOR EMPLOYMENT

Offering one last Chicago-based perspective, Kyle Westbrook, executive director of education policy in the Office of the Mayor, described the efforts of the mayor's office to "serve all of our youth in this city regardless of where they are coming from and regardless of where they want to go." People aged 16 to 24 come from a variety of circumstances, he noted, which requires a tailored approach to getting them to an educational or career destination. "How do we make sure that all the adults in the city are aligned to providing students with the clear path to those opportunities?" he asked.

For a young person who has just been released from the Cook County juvenile justice system, to cite a specific example, finding the pathway to a meaningful education and career can be like solving a Rubik's cube, said Westbrook, adding that "This young person has to jump through eight different hoops to get connected to a meaningful pathway." The opportunity youth described by Hampton are often disconnected from formal institutions. "How do we get them reconnected? How do we make sure that there is a clear pathway for that group of students?" he asked.

One productive approach has involved the reinvention of the community college system in Chicago. Instead of having community colleges try to be everything for everyone, the city has focused the community college system to align with job growth in Chicago over the next 10 to 15 years, including health care, information technology, advanced manufacturing, transportation, distribution, logistics, human services, education, and business and professional services. Business partners have helped reshape the curriculum and also have been involved in shaping the physical spaces. For example, said Westbrook, Rush University Medical Center has been heavily involved in making sure that the state-of-the-art health care facility built at nearby Malcolm X College aligns with industry standards. At Olive-Harvey College, a multimillion transportation distribution and logistics center reflects input from corporate partners such as UPS and FedEx. "There is a tremendous amount of work and energy in city colleges to make sure that Chicago continues to have a workforce that is equipped for the job growth that exists," he said.

Westbrook reported that he has been talking with community, faith-based, and other groups about what the city can do to support African American and Latino males, who fare poorly on average on major life indicators such as graduation rates, college completion rates, and health outcomes. The first thing these groups have said is that African American and Latino males need jobs. They also need health care, including mental health care, Westbrook said. "Growing up in some of our hardest-to-serve communities can be a traumatic experience for young people. They don't even have the language to talk about trauma. They don't have the language

to talk about their experiences or about what becomes normalized in terms of the violence and poverty they see in their environments," he explained.

This effort dovetails with an initiative announced by President Obama named My Brother's Keeper, which seeks to improve life outcomes for African American and Latino males. It has six milestones:

- Ensuring all children enter school cognitively, physically, socially, and emotionally ready
- Ensuring all children read at grade level by third grade
- Ensuring all youth graduate from high school
- Ensuring all youth complete postsecondary education or training
- Ensuring all youth out of school are employed
- Ensuring all youth remain safe from violent crime

In response to a question about how even youth with extensive training cannot find good jobs in health care, Westbrook said that the City of Chicago has been expanding access to the 12 colleges in the city through need-based scholarships, so that "a student who graduates from Malcolm X has a pathway into a 4-year degree." Scholarships address the needs of students while also giving the colleges an opportunity to increase diversity on their campuses. In addition, said Westbrook, the city has been making a broader effort to make sure that higher education degrees are aligned with where the jobs are. "Is there a long way to go? Absolutely. But I'm confident that we are headed in the right direction," he said.

Workforce development requires not only opportunities but making sure that young people have the base of health and mental health to take advantage of those opportunities, Westbrook concluded. "We have to make sure that young people are prepared and equipped to be successful and stay in jobs."

In response to a question about how programs can overcome the traumas many young people endure, Westbrook cited several initiatives, including the launch in the Chicago public schools of parenting universities. Such training "help parents understand the nuts and bolts of how to make sure that their children are on track educationally," he explained. Such programs also provide parents with access to educational opportunity for themselves, such as GED courses, he said, adding that if "students begin to see their parents actively engaged in improving themselves educationally, that becomes an environment in the home."

Finally, Westbrook pointed to several programs designed to help ex-offenders enter the workforce, such as a partnership with the Chicago Transit Authority to place men and women into union jobs and second-

chance Pell grants for ex-offenders. "Are they enough? Certainly not, and there are more folks coming out as ex-offenders than there are job opportunities," he concluded. But such programs mark an acknowledgment on the part of government that this population needs to be served better than it has been in the past.

4

Health Care Opportunities

Three of the presentations at the workshop addressed opportunities that health care providers and systems have to reduce disparities and build healthy communities. Opportunities occur within large integrated health care systems, within companies, or during the training of providers. Together, these kinds of opportunities can reinforce each other and have a greater effect than any would alone.

TRINITY HEALTH

Central to the mission of Trinity Health, which is one of the largest health care systems in the country, is the concept of transforming communities, said Bechara Choucair, senior vice president for safety net and community health at the organization and a former Chicago health commissioner. "When you look at our core values in the organization, it's about reverence; it's about commitment for those who are poor; it's about justice, stewardship, and integrity," Choucair said, adding "It's really all about transforming communities and being transforming agents within the communities that we serve."

Based in Michigan, Trinity Health has a presence in 21 states, including Illinois. It has a network of 88 hospitals and is active in continuing care, with 51 home care and hospice locations. It operates 14 PACE (Program of All-inclusive Care for the Elderly) center locations and 61 senior living facilities. It employs 3,900 physicians and has 23,900 affiliated physicians. According to Choucair, 1.7 percent of all the babies born in America are delivered at Trinity Health facilities.

In recent years, Trinity Health has been increasing its population health management infrastructure, Choucair noted. As such, it has three affiliated health insurance plans across the country and 18 accountable care organizations in almost every one of its ministries. The system is responsible for the total cost of health care for about 1.8 million people through 61 risk- or value-based reimbursement programs.

About a year and a half before the workshop, the board of the system adopted a people-centered health system strategy that emphasizes episodic health care management for individuals, population health management, and community health and well-being. "My role within the system is taking the community health and well-being space and seeing how it interfaces with population health management and episodic health care so we can continue to be a transforming agent within our communities," said Choucair.

Creating community health and well-being requires three things, he continued. The first is efficient and effective care delivery through Trinity's safety net system. The second is efficient and effective wraparound services focused on the vulnerable and the poor. The third is community building focused on the built environment, economic revitalization, housing, and other social determinants of health. "We are an entity that's not just treating illness. We're also creating health within the communities that we're in," he said. That requires devoting attention to transportation, workforce development, and other aspects of community development. Achieving these goals, in turn, requires innovation in care delivery, technology, and financing to meet the triple aim of better health, better care, and lower costs, Choucair stated.

As an example of transforming safety net care, Choucair focused on the more than 10 million people in the United States who are eligible for both Medicaid and Medicare—the so-called dual-eligibles. These are seniors or people with disabilities who are living in poverty. This group constitutes one of the sickest and most vulnerable populations in communities, with most having multiple conditions and nearly half having significant mental illness. Almost all of these patients need social support services to optimize their care. "As part of our commitment to serving those who are poor, this is a population where we really need to be able to make a difference," he explained.

Choucair explained that the nation spends almost 2 percent of its gross domestic product delivering health care services for the dual-eligible patient population—the equivalent of $30,000 per person per year, and $100,000 per person per year for the many patients who have end-stage renal disease. Furthermore, minorities are overrepresented in this population, he said, with the percentage of minorities among dual-eligibles three times larger than for the population that is not dual-eligible. This population has high

levels of utilization for hospitals, outpatient settings, home care, skilled nursing facilities, and other settings, he added.

The Centers for Medicare & Medicaid Services has launched multiple efforts, including 13 demonstration projects across the country, to blend Medicare and Medicaid and partner with health plans to optimize care for this population. For its part, Trinity Health has put together an interprofessional, multidisciplinary team to understand more about this population, how they interface with the system, and how their care can be optimized. In Boise, Idaho, Trinity Health has developed wraparound services to address the social determinants of health. In Muskegon, Michigan, Trinity Health is expanding its community health worker model with a specific focus on "frail elders." In Camden, New Jersey, and Philadelphia, Trinity Health is launching a primary care model focused on dual-eligibles and high Medicaid users.

In the past, a harmonized data source for dual-eligibles has not been available. More recently, sophisticated analytics and ad hoc reporting are leading to better analyses, ease of use, and a deeper understanding of this population, Choucair said, adding that "To make a difference in this population, we need to be able to segregate the data and understand the population so we can target interventions in a culturally confident way."

Turning to Trinity Health's work on community engagement, Choucair noted that the quality of care drives only about 10 percent of health outcomes. An estimated 40 percent comes from social and economic factors, 30 percent from health behaviors, and 10 percent from the physical environment. To address these other factors, Trinity Health has developed integrated delivery networks and other models that bring together a variety of services. For example, in Muskegon, community health workers are placed within social service agencies. A coordinator gets phone calls and referrals not only from the hospital system and doctors' offices but from the police departments, the fire department, and other agencies. "We're seeing a lot of success stories," said Choucair.

Finally, Choucair talked about community transformation, which arises in part from focusing on policy systems and environmental changes. "This is kind of new for health systems," he said. "I lived and breathed this in my role in the health department, but to get a major health system like ours to say, 'We need to partner with organizations and the community around this work' is really important." For example, Trinity Health has targeted smoking and obesity as the biggest threats to healthy communities. The system has been vocal on raising the minimum age for buying tobacco products from 18 to 21 in the communities where it has presence, especially given the recent findings that doing so would lead to a 10 percent reduction in smoking-related deaths, a 12 percent decline in premature births, and a 16 percent drop in cases of sudden infant death syndrome. In the area of

obesity, it has strengthened its hospitals' breastfeeding policies, established standards for day care centers and Head Start programs, and has advocated for healthy food and physical activity policies in schools.

Community transformation is part of a broader effort to establish a health equity road map to raise awareness about the issue within the system and more broadly, with the goal of developing equitable care throughout the system. "How do we hire people? How do we recruit people to our board? How do we procure services? We're developing a 5-year road map for that," Choucair said. To that end, Trinity Health has contributed to an $80 million, 5-year investment in community health interventions with an emphasis on community engagement and transformation. Already Trinity Health has been engaged in housing development in nearby communities, job training for health care services, and other forms of community integration. In many such areas, "We just have to be sitting at the table with the community partners," he said, adding "They're already doing a lot of this work." In addition, the system's hospitals conduct community health needs assessments on a regular basis. These assessments have contributed, for example, to the focus on tobacco and obesity. "Every one of our hospitals will be working with community partners on addressing the social, policy, and environmental changes we'd like to see within those communities on tobacco and obesity," he concluded.

MARRIOTT INTERNATIONAL

Marriott International is a global hospitality company with more than 4,000 hotels and 140,000 employees worldwide. The company's core values, said Rebecca Spencer, director of benefits for Marriott International, Inc., are to put people first, pursue excellence, embrace change, act with integrity, and serve the world.

About 70,000 employees are enrolled in the company's U.S.-based medical program (representing more than 80 percent of the benefits-eligible population), with about 140,000 people covered altogether. The company offers a national self-insured dual-option program consisting of a health maintenance organization and a preferred provider organization plan, with the Kaiser health plan offered as an option in eight markets. Employees come from many different cultural and language backgrounds and speak more than 100 languages. "We always are thinking about cultural relevance and appropriateness with everything we do related to health and wellness," said Spencer.

The company's TakeCare Wellbeing program is available to all employees regardless of whether they participate in a medical plan. As in other large companies, many of the employees suffer from chronic conditions, including high rates of heart disease, diabetes, and asthma. They need help with when and how to access the right care at the right time. The TakeCare

Wellbeing program has created a network of wellness champions, with at least one at each of the company's 800-plus properties in the United States. These champions help employees learn about how to make healthy choices through health and fitness challenges, exercise tips, nutrition recommendations, healthy recipes, stress management, financial well-being, and more. Since the program began in 2010, it has rolled out eight national well-being challenges: Get Moving at Marriott, Choose Health Every Day, Gear Up for Gold, World Cup Challenge, Maintain Don't Gain, Race the Globe, New Year New You, and Renew, Refresh, Recharge. For example, in one challenge, employees picked a healthy activity to do every day for 30 days, and if they completed 25 or more of the 30 healthy activities in 1 month, they were entered to a raffle to win prizes. "We had over 10,000 associates participate in this first challenge," said Spencer. "Even now, 5 years later, I still hear feedback from employees telling me how they've stopped drinking soda because of this challenge—because they learned how much sugar is in soda—or they now take the stairs instead of the elevator. . . . The small changes really do add up and become healthy habits."

The program has created a TakeCare Healthy Hotel Certification that awards and recognizes properties that have generated a healthy environment. Hotels are evaluated on the basis of property leadership, wellness champions, wellness challenges, healthy nutrition, physical activity, stress management and sleep, and health education, with properties meeting certain criteria certified at the silver, gold, or platinum level.

Spencer outlined what a healthy hotel looks like. It

- Has executive support and an active wellness champion;
- Participates in TakeCare challenges;
- Makes an effort to improve nutrition;
- Provides time and, in many cases, a fitness center for physical activity
- Offers information on stress management or a room dedicated to relaxation and meditation; and
- Reports associate success stories and overall excitement around wellness.

The program has had tremendous success, said Spencer, in helping employees change their behaviors and lead healthier lives. "Your environment shapes your behaviors, as well as the choices you make in health and wellness," Spencer concluded. "We know there's a lot of opportunity here."

EQUITY AND THE ACCREDITATION OF MEDICAL EDUCATION

The Accreditation Council for Graduate Medical Education (ACGME) is a private, nonprofit organization that reviews and accredits graduate

medical education programs and the institutions that sponsor them. It oversees 9,600 programs in the United States and 121,600 residents and fellows, from beginning medical students to fellows in advanced training. The training they receive has a big effect on health equity, for better or worse, said Joanne Schwartzberg, scholar in residence at ACGME and clinical assistant professor of preventative medicine and community health at the University of Illinois in Chicago's College of Medicine. The question then becomes, "What do we have in the educational programs that will sensitize them to these issues and help them provide better care?" she asked.

ACGME has recently developed a set of strategic priorities that has resulted in a new accreditation system. These priorities include

- Increase the accreditation emphasis on educational outcomes.
- Provide a structured approach to evaluating the competency of all residents and fellows.
- Foster innovation and improvement in the learning environment.
- Conduct clinical learning environment reviews (CLERs).

In the past, accreditation has been based largely on time spent on an activity, whether 3 hours of lectures or 4 weeks of rotations. The new priorities emphasize competencies, with the training institution having the freedom to figure out how to develop these competencies so long as they can be demonstrated for accreditation purposes. For example, the goals of the CLERs are to enhance the safety and quality of clinical care and remove health disparities, both in today's teaching environment and in the future practice of graduates, and to continually assess and improve the environment in which the U.S. physician workforce is educated. Reviews are designed to provide onsite review and feedback on the learning environment, as well as opportunities for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities. "You tell us what you think is going to work in your community and how you are organizing it," Schwartzberg said. "We are not telling you how to do that."

CLER pathways to excellence are designed as expectations, not requirements, she said. They promote discussions and actions that will optimize the clinical learning environment. Each pathway has a series of key properties that can be assessed for engagement of residents, fellows, or faculty members. "To change, the faculty are going to have to be educated as well as the residents and fellows," she said. As an example, she cited a quality pathway involving resident/fellow and faculty member education on reducing health care disparities. This pathway requires formal educational activities that create a shared mental model with regard to quality-related goals, tools, and techniques that are necessary for health care professionals

to consistently work in a well-coordinated manner to achieve a true patient-centered approach. "How do you get everybody working together, and what's necessary to make change?" she asked.

The properties of this pathway have three categories:

1. To identify and reduce health care disparities relevant to the patient populations served by the clinical site
2. To develop cultural competencies relevant to the patient population served by the clinical site
3. To know a clinical site's priorities for addressing health care disparities

Another pathway involves resident/fellow engagement in clinical site initiatives to address health care disparities. Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to address health care disparities, Schwartzberg observed. The properties for this pathway are that residents/fellows are engaged in quality improvement activities addressing health care disparities for the vulnerable populations served by the clinical site, and residents/fellows are engaged in defining priorities and strategies to address health care disparities specific to the site's patient populations.

In 1998 the ACGME's board of medical specialists agreed that the knowledge physicians needed to learn could be divided into six code competencies:

1. Medical knowledge
2. Patient care
3. Interpersonal and communication skills
4. Professionalism
5. Problem-based learning and improvement
6. System-based practice

While the first two are straightforward, the last four are more difficult to evaluate, Schwartzberg acknowledged. How can communications skills, professionalism, quality improvement, and self-reflection be measured? In response to such questions, ACGME has developed a set of milestones as a road map to competency. The milestones describe performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six competency domains. The milestones lay out a framework of observable behaviors and other attributes associated with residents' development as physicians. The milestones have five levels, with no prescribed speed at which residents must progress. Level 4 is the target for graduation, with the program director deciding when a resident is ready to graduate and

take on an independent practice. Level 5 recognizes lifetime progression. "You don't end up just at level 4, even though you are out in practice and you are a good doctor. You can always improve," Schwartzberg explained.

As an example, Schwartzberg cited several of the competency milestones in the field of urology. They include the following:

- Communicates effectively with patients and families with diverse socioeconomic and cultural backgrounds.
- Demonstrates sensitivity to differences in patients, including race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious belief.

At level 1, students know the importance of the milestones, while at level 4 they exhibit them consistently and capably.

For family medicine, a level-1 milestone in the area of professionalism is "Recognizing impact of culture on health and health behaviors," while a level-3 milestone is "Identifying health inequities and social determinants of health and their impact on individual and family health." For physical medicine and rehabilitation, a level-2 milestone is "Utilizing effective verbal and nonverbal communication strategies (including active listening, augmentative communication devices, interpreters, etc.)" and a level-3 milestone is "Effectively educating and counseling patients and families, utilizing strategies to ensure understanding (e.g., 'teach back')." In particular, this last milestone was designed to address low levels of health literacy in the United States, where only about 13 percent of the population can read health care information and understand it, according to Schwartzberg, adding that "We have a big problem in communicating the knowledge that we know in health care to patients who need to have this to take care of themselves."

Developing these milestones involved hundreds of volunteer physicians, and each specialty developed its own milestones through a long consensus process. Together, the new process reflects the ACGME's commitment to improving health care and population health through reducing health disparities, Schwartzberg said.

In response to a question during the discussion session, Schwartzberg pointed out that medical students can be $200,000 in debt before they even start a residency program. Some students are opting instead for other positions, such as physical therapist or physician's assistant, so they can work in health care without putting themselves in such a financial bind. "We need to look at the cost and what that has done to the health professions and health equity," she said. "I don't have an answer. I'm just saying it's the gorilla in the room that we have to pay attention to."

Responding to another question about students coming to the United

States to pursue medical degrees, she noted that when the ACGME implemented clinical skill exams in 2007, the number of international medical graduates dropped, perhaps because their English was not good enough to pass the exam. However, the numbers have increased since then. These students tend to be well prepared and motivated, she noted, and they tend to report less depression and overwork than U.S. students. "Some of the hospitals and others go out of their way to make it easier for the foreign grads to feel comfortable and give them a lot of support in the beginning; others don't. It's an individual thing," she concluded.

DEFINING COMMUNITY

A crosscutting issue that arose in the discussion session was how to define *community*. Choucair pointed to the importance of letting Trinity Health's partners define the communities with which they want to work. These communities occur at different levels. Trinity Health has developed wellness programs for its more than 120,000 employees. It also is looking at internal policies that can improve health for employees and patients, such as having farmers markets on campuses. "We're going to be looking at those types of models to be able to replicate across the system," Choucair said.

At Marriott International, as with Trinity Health, the employees decide how to define their communities. For example, some live close to the hotels where they work while others live some distance away, which influences their ideas of community. Marriott also designates a day in May specifically to serve the communities in which their hotels are located, with similar outreach occurring throughout the year.

In response to this question, Schwartzberg emphasized the different populations with whom residents interact. Residents take care of patients every day, and their education is reinforced by going on rounds, presenting cases, and thinking about their practice. Many residency programs have rotations into community health centers, where residents can learn more about the equity issues embodied in the competencies, adding that they have "many opportunities where they can see and experience the situation directly." Residents get feedback on a regular basis from faculty members, nurses, family members, patients, and others. "You have much more of a sense of how you are doing and what you need to work on," she concluded.

5

Community-Based Initiatives

Initiatives based in communities can have widespread effects. Not only can they transform the communities in which they are located, but they can act as seedbeds for similar programs elsewhere. Three presenters at the workshop described such initiatives and their potential to reduce health disparities.

PARKS AFTER DARK: TRANSFORMING COMMUNITIES

Parks After Dark is a program that uses Los Angeles parks to prevent violence, transform communities, and promote health equity. In 2011, Los Angeles County had 611 homicides, approximately 37 percent of which were gang related. Parks After Dark started in 2010 as part of Los Angeles County's Gang Violence Reduction Initiative. "Over the years we saw the program grow," said Kelly Fischer, staff analyst for the Injury and Violence Prevention Program at the Los Angeles County Department of Public Health, adding "We saw how it had the potential to improve health, chronic disease, and mental health, as well as build community trust through cross-sector collaboration, and give the government an opportunity to interact with the community in a more positive way." In its fourth year, the program includes nine parks and in 2014 received an award from The California Endowment for advancing health equity.

Parks and Recreation Director Russ Guiney and CEO William Fujioka conceived of Parks After Dark after the success of Summer Night Lights, a program that kept 32 Los Angeles parks open late during the summers. Other community-based organizations have used similar models, but Parks After Dark has "a real opportunity to sustain and expand in local gov-

ernment and probably in private business," said Fischer. The program was originally funded through a community transformation grant by the Centers for Disease Control and Prevention. When Congress cut the budget, the program's success prompted board supervisors to make an unprecedented decision to fund it out of the county budget on an ongoing basis.

The Parks After Dark model is simple, said Fischer—the summer evening hours at parks are extended on the weekends, and varied programs are offered to community members. The program focuses on areas of high crime during times when youths have less social and recreational opportunities because schools are closed. While the program was initially conceived as a violence-prevention strategy, it has grown into a model for health promotion. Programming includes organized sports like basketball, baseball, soccer, golf and tennis lessons, martial arts, dance classes, Zumba, bike rides, and access to community pools and gym facilities. Parks After Dark offers classes on topics from healthy cooking to computer skills. Free concerts, movies, and talent shows provide evening entertainment, and resource fairs connect community members with health and wellness, economic, legal, and social services.

The Parks Department leads the program with support from the Public Health Department. Deputies patrol the parks during the evening hours but also engage in activities with community members. Each year at Roosevelt Park in South Los Angeles, for example, the deputies organize a basketball tournament with the teens. The first 3 years, the teens easily beat the deputies, so the fourth year the deputies decided to have a kickball tournament to try to even the playing field. Through such efforts, the tournaments offer a bonding opportunity for all participants. Although Parks After Dark is a summer program, park staff are able to build lasting relationships with the community, community organizations, and government agencies. "We saw a great cross-sector collaboration develop during the planning and debriefing meetings," Fischer said.

In interviews, deputies said that enhanced safety was not caused by their presence, but rather by "the mass of people enjoying themselves, getting to know their neighbors, and creating a positive vibe and a positive image of the community," according to Fischer. Deputies have been able to establish relationships with youth and build trust in communities where they could not before. The program allows the park staff to become community liaisons and public health ambassadors who can provide a safe and welcoming space with strong community support.

One thing that helped the program is the gang injunction that exists in Los Angeles County, where designated gangs are not allowed to congregate in certain areas. However, the program also worked with the sheriff's and probation departments to encourage the members of multigenerational gangs in the community to participate with their families.

A significant part of the budget for the program has been used for law enforcement, since they are paid extra, as they would be for special events. But much of the support has been in the form of free time from parks staff, youth and community volunteers, and other government programs that do outreach during the events. Money also has become available for youth hiring programs. "We're hoping that this can turn into a pathway to full-time jobs, at least in the parks department," Fischer said.

Parks After Dark has been successful on multiple levels. Between 2009 and 2013, serious and violent crime dropped 32 percent near the three original parks in the program versus an 18 percent increase in comparison parks that did not have a similar program. By 2014, violence fell 48 percent, although recently crime rates have slightly increased, so there is still room for improvement, Fischer acknowledged. On average, the immediate vicinities of the initial participating parks averaged 14 fewer serious and violent crimes per summer. In response to a question about whether crime overall has declined or whether it has just moved away from the parks, Fischer said that crime in nearby neighborhoods, where it would be expected to increase if it were just moving away from the parks, also has been going down. "We'd love to claim credit for it, but it's honestly hard to tease out what the impacts are," she said.

The Parks After Dark program has affected not only violence but also community health, Fischer added. Parks After Dark received funding to do a health impact assessment report in 2014 that examined physical activity and violence in the park communities. The assessment found that 80 percent of participants engaged in physical activity in Parks After Dark. Compared with their previous levels of activity, these increases in activity level could translate to a 5 percent decrease in the burden of diabetes, dementia, and heart disease in these communities, she explained. Expanding Parks After Dark to 16 sites could save three premature deaths from cardiovascular disease each year, Fischer said.

Parks After Dark is also cost effective. "We estimated we saved the county nearly $1 million in criminal justice and health care costs," said Fischer. The estimated annual criminal justice savings at the original three parks alone were one and a half times the cost of implementing the program, including the costs of incorporating recommendations that would make the program "world class," such as two full-time staff to coordinate the program, gang interventions, administrative overhead, and outside evaluations.

Parks After Dark offers a flexible model to advance the interests and missions of many different sectors, Fischer observed. In the future, the program hopes to partner with mental health and health services to do more onsite screening, provide more onsite services, and use the parks as the hub for year-round activities in the community. Parks After Dark provides a

model at both the local and national level for using community support and engagement to improve crime-laden neighborhoods across a wide range of outcomes, Fischer concluded, adding that "The community loves the parks, and it's a great starting point for something bigger."

MULTNOMAH COUNTY: CREATING VIBRANT COMMUNITIES THROUGH HEALTH EQUITY

Today, diversity is central to the excellence of any organization, said Trisha Tillman, the public health director at the Multnomah County Health Department in Oregon. Work on health equity is of comparable importance to that of work on quality improvement or company efficiency, she added.

In 2007, Tillman was tasked with starting the Health Equity Initiative in Multnomah County to create a common understanding of the root causes of racial and ethnic health inequities and their possible solutions. Funded by the county's general fund, the Health Equity Initiative was created to improve the health of all county residents by considering the ways that societal conditions in which people live, learn, work, and play affect health. This was during a period when the National Association of County and City Health Officials was beginning to move away from the term *health disparities* to the term *health inequities*, which addresses health conditions that are avoidable, unfair, and unjust, Tillman noted, adding that "Our work on the initiative was to raise the visibility of health inequities and also reframe the experience that people were having from an individual shortcoming to a systems failure." The program aimed to help people understand that unnatural suffering was caused by more than just personal failures.

In 2008 the leaders of the initiative held conversations across the county at various public venues to produce a set of recommendations. Based on screenings of the PBS video series *Unnatural Causes*, community members and Multnomah County employees discussed the connections among social and built environments, policies, and health outcomes. These conversations led to recommendations for actions that could be taken by local governments, which were reviewed and prioritized by the community and given to the health department. While some of the community's concerns were so large that it was difficult to know where to start, Tillman noted, the program was able to generate some initial steps toward equity. Ultimately, Tillman pointed out, major advances will have to include more jurisdictional partnerships and private–public partnerships.

Based on the community conversations, the county is working to address inequities in a wide variety of areas, including

- addictions and mental health,
- the built environment,

- community safety,
- investments in social capital,
- criminal justice and corrections health transitions,
- early childhood,
- the economy,
- education,
- emergency planning,
- food security,
- health impacts,
- health promotion,
- human services access,
- health care,
- housing,
- physical activity and nutrition,
- racism and equity, and
- workforce development.

The county's strategic plan includes

- eliminating health inequities,
- working on organizational trauma,
- taking a healing approach to racial equity,
- funding the community-led development of the Community Health Improvement Plan,
- developing a culturally specific public health strategy,
- staging a Health Equity Initiative community forum,
- generating racial and ethnic disparities reports and supplements, and
- sparking organizational assessment through culturally specific equity strategies.

As an example of its success in improving the built environment in the county, Tillman pointed to an initiative to work with a local community to weatherize homes, thus combating displacement and gentrification. People had been coming into the community and attempting to buy decrepit homes for cash. By weatherizing the homes, residents were less likely to sell.

Initially, the program experienced difficulties in tackling housing, since programs run through the public health department traditionally do not deal with housing policy. However, as a result of community conversations, leaders discovered the effect of housing on environmental health. For example, residents complained of lead, mold, and mildew in their homes, as well as the feeling of being ignored and disempowered by their landlords, some of which are local governments. The Health Equity Initiative is now

working with the City of Gresham, a city outside of Portland where many people of color and low-income families are being pushed by gentrification to conduct proactive inspections of multiunit housing sites to identify environmental health problems. Gresham differs from Portland, where inspections are triggered by a complaint, but people are unlikely to complain when that could trigger an eviction. In this way, the Health Equity Initiative has allowed the residents of Gresham to benefit from environmental health prevention without the threat of eviction.

Another major focus has been improving community health and safety. Through community building, the program hopes to decrease youth violence and unhealthy behaviors. For example, the initiative has worked with Native American community members who are interested in learning how, as a community, they can organize and partner with the county and child welfare system to decrease the prevalence and effects of fetal alcohol syndrome.

In Multnomah County, different communities have been working together to achieve shared goals. For example, the Coalition of Communities of Color started organizing in response to the perception that communities of color were being pitted against each other in competitions for resources. In addition, the Oregon Health Equity Alliance has been organizing across communities to identify health equity policy priorities and act as a collective to move county and state policy. For example, the coalition worked on access to health care for undocumented individuals and were successful in making prenatal care available for all undocumented Latina mothers in the state, which had previously been a county-by-county patchwork.

The actions taken by the Health Equity Initiative to reframe the conception of minority health, multicultural health, and health disparities have broadened the conversation around health equity from Multnomah County to the state of Oregon, which created an Office of Equity and Inclusion in 2009, Tillman reported. In 2010, Multnomah County started an Office on Diversity and Equity, which extended much of the work of the Health Equity Initiative, followed by the City of Portland's introduction of an Office of Equity and Human Rights in 2011. In 2012 a regional governing system called Metro created its diversity, equity, and inclusion program. "The initiative opened the door, and created permission, for all of these various governmental jurisdictions to start to figure out how they could take on equity as a core part of their mission," Tillman said.

The Health Equity Initiative hopes to continue to expand in the future. "Many of the offices that exist around equity, diversity, and inclusion are one-person, mom and pop shops," said Tillman. To change policy, practice, and systems, a serious investment and commitment is needed by all parties, she observed. As part of the development of its strategic plan, the initiative

is moving all of the dollars for the planning process to a community-led, equity-focused project.

In addition, the Health Equity Initiative will continue to build its capacity to collect data to aid in continuing improvement. Culturally specific health equity policy analysis has proven to be the initiative's most important investment. Applying a socioecological model to health equity work helps dictate the delivery of individual services and acts as the basis for organizational change.

The initiative aims to support the community through two venues. First, the program hopes to help partners address their own priorities through funding and data support. Second, it aims to provide staff support while allowing community-based organizations to lead the way. The key is "practice-based evidence, more so than evidence-based practice," Tillman said. The initiative continues to look for ways to work in partnership with the community to mobilize and change policies.

Tillman concluded with a quotation from Albert Schweitzer:

> No ray of sunlight is ever lost, but the green which it awakens into existence takes time to sprout, and it is not always granted to the sower to see the harvest. All work that is worth anything is done in faith.

The Health Equity Initiative has planted the seeds for change, Tillman concluded; now it needs to support the soil from which those seeds can sprout, grow, and thrive.

THE DUDLEY STREET NEIGHBORHOOD INITIATIVE: RECLAIMING A COMMUNITY

The Dudley Village Campus is a community located in the North Dorchester and Roxbury neighborhoods of Boston. It has a population of 26,560 people, with 8,738 households and 5,145 families. Forty-one percent of the households identify a language other than English as their primary language, and 34 percent live below the federal poverty level. Thirty-one percent of the neighborhood's inhabitants are African American, 14 percent are white, 28 percent are Latino, and 25 percent are Cape Verdean, a small island off the West Coast of Africa. In the 1980s, this area, referred to as the Dudley Triangle, was deemed the area with the highest concentration of vacant lots and disinvestment in Boston. The 62 acres in the Dudley Triangle had 1,300 vacant lots.[1]

The Dudley Street Neighborhood Initiative (DSNI) started as a community-based project. "Our mission statement is to empower Dudley

[1] All factual information in this paragraph can be found at www.dsni.org.

residents to organize, plan for, create, and control vibrant, high-quality, and diverse neighborhoods in collaboration with community partners," said Travis Watson, DSNI's communications manager and senior organizer. The three primary languages in the neighborhood are English, Cape Verdean, and Spanish. All of the major print materials are translated, and interpretation is available for both Spanish and Cape Verdean at meetings. Drawing on its base of volunteers, the initiative has even been partnering with other organizations to provide interpretation.

The first major DSNI initiative, started in the early 1980s, was called Don't Dump on Us. During that time, a typical block in the Dudley Street Triangle had many vacant lots, and many of these lots were filled with dumpsters. In total, 96 dumpsters were located in the neighborhood and being used as illegal trash transfer stations by general contractors and neighborhood businesses. In addition, at night, companies from inside and outside Boston would come into the neighborhood and dump their waste on the vacant lots. "It was a toxic waste site," said Watson. To combat this problem, the Dudley Triangle residents organized DSNI and worked with city officials to padlock the street. By blocking access, residents were able to prevent trash dumping in their neighborhood.

The next major campaign was called Take a Stand, Own the Land. While the neighborhood had experienced success with Don't Dump on Us, community members were looking for a way to be more proactive and take control of the land in their neighborhood. During that time, Boston was working with consultants to formulate a master plan for the Dudley Triangle with no resident input. DSNI responded by looking for ways to have a voice in decisions regarding land use. After considering many different models, a community land trust was selected as the best fit for community members' carefully crafted vision. Through the community land trust, the neighborhood has gone from 1,300 vacant lots in the early 1980s to a little under 150 today, Watson said.

The community land trust, started in 2015, created 95 units of permanently affordable homes. This included 77 cooperative housing units, 53 rental units, a playground, a small orchard and garden, a community greenhouse, 1.5 acres of urban farm land, a community nonprofit office space, and a commercial space. The greenhouse is on the site of a former chop shop and is operated by a community partner called the Food Project. About 10,000 square feet in total, half of the greenhouse is used to grow produce to sell at local markets and restaurants and the other half has plots available for local residents at very low cost, and often no cost, to grow produce for themselves.

Today, residents in the Dudley Triangle are advocating for a campaign called Dudley Grows. Part of this campaign calls for partnership with the Food Project and local merchants, particularly the bodegas, to offer

the produce grown at the greenhouse for sale at very reduced prices. Other priorities include building a home supply chain for healthy foods and securing vacant land to designate it for growing food.

One challenge was to sell the produce before it rotted. DSNI has worked with foundations to add appropriate refrigeration units for local bodegas so that produce lasts longer. It also has relied on youth, especially in the summer, going to festivals, farmers markets, and other gathering places to sell healthy, locally produced foods on the streets. Not only does this provide healthier foods for people in the community, but it introduces young people to the effects that food has on the body. As a result, "We've seen a spike in the young folks going for the healthier food options," Watson explained.

School meals are a huge issue for the community, since the offered meals are often not nutritious—"tater tots, cheeseburgers, and french fries," according to Watson. DSNI is working with neighborhood partner schools to grow produce at the greenhouse and in neighborhood farms and make that food available at local schools.

DSNI also wants to expand the existing food access points for low-income residents. In conjunction with the Food Project, the initiative runs a farmers market for 4 months of each year where the produce is inexpensive and food stamps can be used. One dollar gets 2 dollars worth of produce. "So if you go there and spend $10 for produce, they're going to give you an additional $10 worth of produce," Watson said.

Finally, DSNI aims to advocate and plan for additional physical development to support neighborhood food systems. For example, the program is working with young people during the school year, and particularly in the summer, to build raised-bed gardens. These gardens overcome the problem of toxic soils, since the soils in the raised-bed gardens come from elsewhere, and older residents are able to participate without having to stoop so low to the ground. In the past 2 years, 175 raised-bed gardens have been built in the community.

DSNI is the only community-based nonprofit in the United States to be granted imminent domain authority over abandoned land, Watson observed, which it has used to transform more than half of the area's 1,300 abandoned parcels of land into schools, parks, community buildings, urban agricultural plots, and affordable housing. By creating a community-based, community-led program, the initiative has given the neighborhood a chance to improve on its own terms.

BUILDING TRUST

An interesting issue that arose in the discussion session involved building the levels of trust necessary to get all three of these initiatives off the

ground. In the case of Parks After Dark, the first challenge was that the parks department had to be convinced to keep the park open later during the summer. "They were afraid, to be honest. But we saw the change immediately," said Fischer. Another major challenge was getting people to see a summer parks program as transformative for broader systems. "But once people went to the parks and saw and experienced the program for themselves, it really shifted their thinking," she commented.

Trust was also a major issue in Multnomah County, said Tillman. Addressing inequities meant acknowledging, even if implicitly, that other approaches were not working, even if people were comfortable with them, she said, adding that "The trust part comes in when you say, 'We've been doing this. It hasn't worked. How would you like to handle this?'" Program practitioners have to trust the community to provide input and act as partners, even if data are not immediately available to build trust, community members do not have the educational credentials, or community procedures are different than governmental procedures. "The hardest part was getting people who represent dominant cultural strategies to step back and trust that the communities knew what they were doing and that their solutions would be effective," she concluded.

DSNI faced a similar issue, but with funders rather than government officials, said Watson, adding that the agenda was led and driven by residents, "so it was a huge challenge to sit with the funders initially when they thought that they knew what was best for our community." Another interesting challenge, he said, was identifying exactly who owned the many vacant lots in the neighborhood. "Often the city did not know which lots they owned or did not own. Many of the lots had absentee landlords left in trust. . . . The eminent domain process took many years, and once you put something into foreclosure it takes a year or a year and a half to take ownership of it," he explained.

COMMUNITY ENGAGEMENT

Building trust is part of a broader effort to engage communities in programs such as the ones described by the presenters, and all three programs have made special efforts to foster this community engagement. For example, DSNI is governed by a 34-member board of directors that meets monthly, with community elections held every 2 years. Made up of residents, the board has four seats for each of the four major ethnic or racial groups in the neighborhood, as well as seats for representatives of businesses, churches, nonprofit organizations, and youth (including 15- to 17-year-olds). "Those monthly meetings guide and lead all of the work we do," said Watson.

As an aside, Watson noted the importance of getting young people involved in the governance of the organization. At first, the board of direc-

tors did not include youth seats, but a strong group of young people in the neighborhood made the point that the neighborhood was being rebuilt for future generations, not just for the adults in it now. Young people "pushed their way into the organization, with some resistance at first, but all of a sudden it flipped the script and people started to realize the value of having young people at the table," he noted.

The health equity initiative in Multnomah County did not start with much community engagement, but the organizers quickly realized that they needed to get community members involved, Tillman recounted. Today, culturally specific programs, such as a healthy birth initiative focused on African American infant mortality, have community advisory boards. A collaboration focused on Native Americans is run by a Native American rehabilitation recovery association and a Native American youth and family center. As part of an ongoing organizational restructuring, work on equity, planning, and strategy is being elevated to include a partnership strategy. "How do we engage with community partners to be able to track how many of our country dollars are moving out to the community over time?" she asked. Multnomah County is also part of an ongoing research project that has been studying public health departments that are institutionally embedding health equity, Tillman noted.

Fischer noted that Parks After Dark is trying to become a more community-driven program, with more funding for community organizations and youth to drive a comprehensive violence prevention and community revitalization initiative. On a regular basis, the park staff convene community members to plan the kinds of programming they would like to see. In addition, most of the parks have teen clubs in which the teens themselves plan activities. Many activities have arisen spontaneously from the communities, Fischer observed, such as a bike ride between two parks in South Los Angeles that were rival gang territories, or an evening where young people could come to the parks to get free haircuts, adding "We want to find a way to harness that to make this about civic engagement and community building."

INVOLVING THE PRIVATE SECTOR

A final focus of the discussion session was how to involve the private sector in the activities described. In Multnomah County, the Portland Business Association has committed to a goal, initiated by the United Way, of cutting childhood poverty in half by 2025. As part of this goal, the United Way has been working with corporate philanthropies to address the ways out of poverty, including school success, family stability, and connected communities.

Tillman and her colleagues also have been working on ways to engage the business community in policy advocacy. Policies that help families

and children include paid parental leave, paid sick leave, increases in the minimum wage, and increases in the earned income tax credit, all of which have been targets of the City of Portland and Multnomah County. The goal, she said, is to convince businesses that "you can't service your way out of health inequities. A policy shift is required."

Finally, she mentioned an interesting effort to bring healthy eating opportunities to a north Portland neighborhood that was formerly a food desert. A community corner store was established with the agreement that it would not sell tobacco or alcohol. Because most such stores are profitable from sales of these products, the county government fills in the gaps so the store can remain open.

Parks After Dark also is seeking ways to partner with the private sector. For example, some of the parks have been partnering with local businesses to provide donations or services. One model is a private–public partnership developed by the City of Los Angeles to support the gang reduction and youth development initiative. Another is a program in Sacramento in which community members are organizing to help improve the business district while the business district is investing in park programming and other initiatives. "There are a lot of great models out there," Fischer said.

DSNI has launched an innovation center where local entrepreneurs can get technical assistance on bringing their businesses to markets. The role of the initiative in this effort is to make sure that whatever comes out of this process is something that residents need and provides an opportunity for residents, said Watson.

6

Major Topics of the Workshop

In the final session of the workshop, Stephanie Taylor, the director of the USA Cluster Lead-Vaccines at the Center for Observational and Real World Evidence at Merck & Co., Inc., pointed to several major themes that emerged from the daylong event and suggested future actions that could follow from those themes. Although her remarks should not be seen as the findings or recommendations of the workshop as a whole, they provide a valuable recap of what happened at the workshop and where the discussions might lead.

MAKING THE BUSINESS CASE FOR CHANGE

Recalling the workshop's keynote address (see Chapter 2), Taylor began by discussing the business case for health equity. "Inequality hurts business," she said, "and it also hurts humanity." She added that advocates for reducing health disparities have no stronger argument with business than that it helps their bottom line. Greater workforce productivity also promotes economic growth, which can have widespread benefits if public policies encourage the widespread distribution of those benefits, she said.

WORKFORCE DEVELOPMENT AND HEALTH

Workforce development (see Chapter 3) has a wide variety of benefits for businesses and employees, but one of the most important is the promotion of employees' and community health, Taylor observed. Having the skills and knowledge needed for good-paying jobs can give employees

the resources and opportunities they need to thrive. At the same time, these employees can improve the health of communities through their economic activity and promotion of health-enhancing behaviors.

Other benefits of workforce development can further reduce health inequities. Examples include training people who have been incarcerated for productive employment and giving young people the skills they need to integrate into the workforce.

INDIVIDUAL AND COMMUNITY HEALTH

The actions of health care systems, including those used by employers to care for their employees, can influence health equity (see Chapter 4). These actions might include employee health and wellness programs, the improved provision of health care through a social-determinants-of-health framework, reduction of health care costs, and better preparation of health care professionals, said Taylor. She particularly emphasized the importance of using data to inform interventions and the need for services that promote health equity. For example, better data can lead to quality initiatives among health care providers that improve care. In turn, improvements in care can help achieve the triple aim of better services, enhanced health, and a reduction in costs.

COMMUNITY TRANSFORMATION

In its examination of community transformation (see Chapter 5), the workshop opted to focus on successful models rather than a deficit model of describing health disparities, which Taylor lauded. Presenters also emphasized the importance of using existing resources, such as parks, public health programs, and neighborhood solidarity, to improve health equity. At the core of community transformation is meeting basic needs, Taylor emphasized. Health care, nutrition and physical activity services, transportation, violence prevention, and housing are essential for what she termed "holistic health enhancement." Partnerships across governments, across the public and private sectors, and within communities are critical in meeting these needs and paving the way for vibrant and healthy communities, she explained.

POTENTIAL FUTURE ACTIONS

Finally, Taylor listed some of the future actions that could arise based on her observations at the workshop:

- Reframe the issue of health equity around broader social issues.
- Evaluate programs with an eye toward replication and scalability.

- Continue to develop innovative models.
- Use data effectively.
- Look at the association between health equity and the workforce.
- Leverage community resources, especially by tapping into entrepreneurs in communities.

In particular, she called attention to the need for a systems approach that recognizes the multifactorial nature of health equity. For example, mental health services, the criminal justice system, and the educational system all interact. "How do we make sure these programs work together so we can improve health equity?" she asked.

Appendix A

World Café Models

INFORMATION SHEET

The World Café model is a technique designed to encourage large group dialogue. The room is typically set up to look like a café, with small tables. Each table has a host, and group members move from table to table at specified intervals (for example, every 20 minutes). For further information, please see www.theworldcafe.com. In this case, each of the small café-type tables was hosted by one of the programs below.

MASSIVE OPEN ONLINE COURSE (MOOC)

Career 911: Your Future Job in Medicine and Health Care

Hosted by Melissa Simon, M.D., M.P.H., Shaneah Taylor, and Emmanuel Cordova of Northwestern University; Regine R. Rucker, Ph.D., M.P.A., Program Coordinator, Health Sciences and Personal Care Services, Career and Technical Education, Early College and Career Education, Office of College and Career Success, Chicago Public Schools

A massive open online course (MOOC) is an online course aimed at unlimited participation and open access via the Internet. In addition to traditional course materials such as filmed lectures, readings, and problem sets, many MOOCs provide interactive user forums to support community interactions between students, professors, and teaching assistants. MOOCs are a recent and widely researched development in distance education.

This specific MOOC is the first to be offered to Chicago Public Schools students and aims to help high school students, recent graduates, and those considering career transitions explore health care career options and learn strategies for entry into the health care workforce and health-related fields. The course will introduce you to health care professions, help you map a path toward a health career, and impart skills relevant for any career, including articulating your personal story, resume and cover letter writing, job search, interviewing, professional networking, and professional communications. It features more than 50 different guests and lecturers, including Northwestern University faculty from the Feinberg School of Medicine; the Kellogg School of Management; the Medill School of Journalism, Media, Integrated Marketing Communications; the School of Professional Studies; Weinberg College of Arts and Sciences; and the School of Communication.

CONSORTIUM TO LOWER OBESITY IN CHICAGO CHILDREN (CLOCC)

Hosted by Sarah B. Welch, M.P.H.,
Community Research & Evaluation Associate Director

The Consortium to Lower Obesity in Chicago Children (CLOCC) is a nationally recognized childhood obesity prevention program. Its mission is to confront the childhood obesity epidemic by promoting healthy and active lifestyles for children throughout the Chicago metropolitan area. CLOCC's work will foster and facilitate connections between childhood obesity prevention researchers, public health advocates and practitioners, and the children, families, and communities of Chicagoland. Since 2002, CLOCC has built a vital, broad-based network of thousands of participants and organizations. Currently, there are more than 3,000 participants in CLOCC representing more than 1,200 organizations. It is a data-driven and evidence-based organization and is committed to building capacity among its partners. The National Academy of Medicine, the U.S. Surgeon General, the American Medical Association, and the Centers for Disease Control and Prevention have recognized CLOCC as an outstanding community obesity prevention model. CLOCC is housed at the Ann and Robert H. Lurie Children's Hospital of Chicago.

CHINESE AMERICAN SERVICE LEAGUE (CASL)

Hosted by Esther Wong, Executive Director and Co-Founder

In the fall of 1978, 10 dedicated Chinese Americans came together to bridge the gap in services for Chinese American immigrants in Chicago.

Their passion and commitment ignited the spark for the Chinese American Service League (CASL), which has since burgeoned into a nurturing hub in the heart of Chinatown. Today, more than 35 years later, CASL is the largest, most comprehensive social service agency in the Midwest dedicated to serving the needs of Chinese Americans. CASL provides child services, elder services, employment training services, family counseling, and housing and financial education to more than 17,000 clients of all ages and backgrounds each year. With more than 500 multilingual and multicultural professional and support staff—complemented by a team of more than 700 dedicated volunteers—CASL offers its clients vital physical, economic, mental, and social support. The $13 million budget—which includes generous contributions from individuals, foundations, and corporate donors—supports programming that primarily serves immigrants who often lack formal education, possess few transferable job skills, and know little of the new world around them. Because many of these individuals do not speak English and sometimes have no family or friends in the area, CASL becomes their instant family, friend, and teacher.

LURIE CHILDREN'S HOSPITAL–CHASE BANK PARTNERSHIP'S CHASE YOUR DREAM PROGRAM

Hosted by Maria Rivera, Manager, Workforce Development, Ann & Robert H. Lurie Children's Hospital of Chicago; David S. Sperling, GEAR UP Program Manager, Center for College Access and Success, Northeastern Illinois University

To introduce Chicago's fastest growing population to promising health care positions, Lurie Children's Hospital offers a 6-week summer internship to local Latino high school students. It is a highly competitive program. Once selected, students can observe surgeries, help medical imaging staff examine X-rays, and observe a day in the life of the emergency department. Students hear presentations from the hospital's nationally renowned pediatric care specialists from a broad range of medical disciplines.

Thanks to funding by JPMorgan Chase, Lurie Children's has been able to expand the program and provide each student with a $1,000 stipend to participate. The program now has 3,600 alumni who work in hospitals around the country. Other "CHASE Your Dreams" initiatives allow high school students to earn school credit while working at the hospital, address the need for certified nursing assistants and support service technicians, partner with the City of Chicago's "One Summer Chicago" youth employment program, enable hospital staff to attend school career days and provide 6-week paid internships at the hospital for patients with chronic conditions. Maria Rivera, the creator and director of the programs, is the

2013 recipient of the prestigious GEAR UP Community Partner of the Year Award. GEAR UP (Gaining Early Awareness and Readiness for Undergraduate Programs) is a national organization funded by the U.S. Department of Education to give low-income students exposure to higher education.

STREET LEVEL HEALTH PROJECT, OAKLAND, CALIFORNIA

Hosted by Jae Maldonado, Executive Director

Street Level Health Project is an Oakland-based grassroots organization dedicated to improving the health and well-being of underserved urban immigrant communities in the Bay Area. Street Level's expertise is working with men, many of whom face societal, cultural, occupational, and familial barriers that prevent them from accessing health care. The community center is an entry point to the health care and social service system for those most often overlooked and neglected, namely the uninsured, underinsured, and recently arrived. Street Level brings health care to the uninsured community through its free health screening clinic and patient health navigation program; it provides temporary assistance for those with basic needs in food, clothing, and social support; addresses the root causes of poor health by empowering and supporting low-wage immigrant workers to be active participants in their lives, their families, and their communities. Street Level also tackles institutional and systemic barriers to health equity through advocacy and coalition building with organizations committed to building power for disenfranchised communities. Street Level develops trusting relationships with isolated immigrants, offers them a place to build a healthy and vibrant community, and empowers them to advocate for the well-being of themselves and their families.

NATIONAL BUSINESS GROUP ON HEALTH

Hosted by Joneyse Perkins Gatling, CHES, Assistant Manager, Award & Recognition Programs

Since 1974 the National Business Group on Health has been the nation's only nonprofit organization devoted exclusively to representing large employers' perspective on national health policy issues and providing practical solutions to its members' most important health care problems. Membership in the Business Group offers you the opportunity to drive today's health agenda while exchanging ideas for controlling health care costs, improving patient safety and quality of care, and sharing best practices in health benefits management with senior benefits, human resources professionals, and medical directors from leading corporations. The National Business

Group on Health members are primarily Fortune 500 companies and large public-sector employers—including the nation's most innovative health care purchasers—who provide health coverage for more than 55 million U.S. workers, retirees, and their families. The Business Group fosters the development of a safe, high-quality health care delivery system and treatments based on scientific evidence of effectiveness. It works to achieve transparency, expand the use of technology assessment to ensure access to superior new technology and the elimination of ineffective technology, and make scientific evidence of effectiveness the standard for care, among many other objectives.

Appendix B

Workshop Agenda

ROUNDTABLE ON THE PROMOTION OF HEALTH EQUITY AND THE ELIMINATION OF HEALTH DISPARITIES

November 5, 2015
Chicago, Illinois

The Private Sector as a Catalyst for Health Equity and a Vibrant Economy

Our country's economic vitality is dependent on ensuring that all Americans contribute and prosper. This vitality includes an intentional focus on achieving the highest level of health possible. This demands a focus on health equity that can only occur when conditions in communities, schools, workplaces, and other environments are health promoting. Elements of health-promoting opportunities include healthy housing, revitalized and healthy neighborhoods, access to healthy and affordable foods, safe places to play and promote physical activity, good transportation, safe water systems, strong social networks, and good jobs with living wages and benefits. These opportunity-rich environments serve as a buffer from the onslaught of toxic conditions that many people face on a daily basis. An equity-focused agenda must be at the center of all these efforts, making sure that those who are often left out will have voice in decisions that affect them and that they are offered a range of opportunities that will help them become healthier.

Both private and public business sectors are partnering with others to change these conditions. Many are taking the lead in producing economic growth that is inclusive and responsive to the nation's diverse needs and populations. Increasingly, private–public partnerships are emerging as new ways of doing business. This workshop will explore new business models that offer a triple bottom line: (1) improved employee health; (2) healthy community/work environments; and (3) economic opportunity (workforce development) and growth.

Audiences for this workshop include businesses and corporations, governmental agencies, sectors outside of health (housing, education, planning, and transportation), philanthropy, policy makers, and new emerging leaders in health.

8:30–8:45 Welcome and Overview

Mildred Thompson, M.S.W.
Senior Director, PolicyLink

Melissa Simon, M.D., M.P.H.
George H. Gardner Professor of Clinical Gynecology
Vice Chair of Clinical Research, Department of Obstetrics and Gynecology
Feinberg School of Medicine
Northwestern University

Jabbar R. Bennett, Ph.D.
Associate Provost, Diversity and Inclusion
Associate Professor of Medicine
Northwestern University

Clyde Yancy, M.D., M.Sc.
Vice Dean for Diversity & Inclusion
Magerstadt Professor of Medicine
Feinberg School of Medicine
Northwestern University

8:45–9:45 Keynote Speaker

Moderator
Mildred Thompson, M.S.W.

William Spriggs, Ph.D.
Department of Economics, Howard University, and
Chief Economist, AFL-CIO

9:45–10:00 Break

10:00–11:30 Panel 1: Transforming Communities

Neighborhoods are being improved through enhancements such as having better access to healthy foods, safe parks, bicycle pathways, affordable, mixed income housing, better transportation and extensive community revitalization. These strategies require a multisector approach, visionary leadership, and long-term investments. Often there are private–public partnerships and broad community engagement. We will learn what it will take to drive this change. What are catalysts for action and what results are beginning to emerge?

Moderator
Mildred Thompson, M.S.W.

Kelly N. Fischer, M.A.
Staff Analyst, Injury & Violence Prevention Program
Los Angeles County Department of Health

Latricia Tillman, M.P.H.
Director for Public Health
Multnomah County Health Department

Travis Watson
Communications Manager & Senior Organizer
Dudley Street Neighborhood Initiative

11:30–1:00 Lunch: World Café

This informal small-group exercise is intended to showcase models in which businesses are embracing health equity values and practices, either intentionally or unintentional, but which lead to health promoting benefits. Participants will rotate through the various tables, ask questions, engage in conversations, and learn about promising new ideas.

Massive Open Online Course (MOOC)
"Career 911: Your Future Job in Medicine and Healthcare"
Melissa Simon, M.D., M.P.H.
Shaneah Taylor, M.P.H.
Emmanuel Cordova
Northwestern University

Regine R. Rucker, Ph.D., M.P.A.
Program Coordinator, Health Sciences and Personal Care Services, Career and Technical Education, Early College and Career Education, Office of College and Career Success
Chicago Public Schools

Consortium to Lower Obesity in Chicago Children (CLOCC)
Sarah B. Welch, M.P.H.
Community Research & Evaluation Associate Director

Chinese American Service League (CASL)
Esther Wong
Executive Director and Co-Founder

Lurie Children's Hospital–Chase Bank Partnership's Chase Your Dream Program
Maria Rivera
Manager, Workforce Development
Ann & Robert H. Lurie Children's Hospital of Chicago

David S. Sperling
GEAR UP Program Manager
Center for College Access and Success
Northeastern Illinois University

Street Level Health Project, Oakland, California
Jae Maldonado
Executive Director

National Business Group on Health
Joneyse Perkins Gatling, CHES
Assistant Manager, Award & Recognition Programs

1:00–2:30 Panel 2: Improving Individual Health

In this session, we will learn how businesses are making gains in improving employee health and contributing to health equity. An exciting trend is under way that is creating jobs and career pathways for some of our nation's highest-risk populations: home health care workers, those with long-term unemployment, and those returning from prison. Highlights on

promising opportunities to reverse this trend will be shared. In addition, a new business model seems to be emerging in which attention is placed on creating work environments that are health promoting, family supportive, and contribute to a better bottom line for employers, employees, and the economy. Beyond traditional employee benefits, many companies are instituting lucrative incentives, such as flexible working hours, onsite meals and recreational teams, child care, and other creative benefits.

Moderator
Nicole Hewitt, Ph.D.
Social Science Research Analyst
Data and Policy Analytics Group
Centers for Medicare & Medicaid Services Office of Minority Health

Brenda Palms Barber
Chief Executive Officer
Sweet Beginnings, LLC

Bechara Choucair, M.D., M.S.
Senior Vice President for Safety Net Transformation and Community
Benefit, Trinity Health

Rebecca L. Spencer (videoconference)
Director of Benefits
Marriott International

2:30–2:45 Break

2:45–4:15 Panel 3: Workforce Development and Community Health

There is a movement in workforce development programs that showcase private–public partnerships that also helps develop communities. Leveraging the resources of businesses and organizations to develop the workforce is an important approach to imparting social capital to surrounding communities. There are companies across multiple sectors that have workforce development programs for students and employees across the spectrum of career levels.

Moderator
Melissa Simon, M.D., M.P.H.

Lisa R. Hampton
Programming and Public Affairs Manager-Midwest
LeadersUp

Joanne G. Schwartzberg, M.D.
Scholar-in-Residence
Accreditation Council for Graduate Medical Education

Kyle Westbrook
Executive Director of Education Policy
Office of Mayor Rahm Emanuel

4:30–5:00 Concluding Reflections
Stephanie Taylor, Ph.D.
Director, USA Cluster Lead—Vaccines
Center for Observational and Real-World Evidence (CORE)
Merck & Co., Inc.

5:00 Workshop Adjourns

Appendix C

Speaker Biographical Sketches

Jabbar R. Bennett, Ph.D., is the Associate Provost for Diversity and Inclusion at Northwestern University, and he is also an associate professor of medicine. Dr. Bennett is also currently associate dean of the Graduate School, associate dean for diversity, and director of the Office of Diversity and Multicultural Affairs in the division of biology and medicine at Brown University. A dynamic leader, Dr. Bennett brings a deep passion for diversity and inclusion in higher education, as well as pertinent experience creating and implementing sustainable initiatives and programs that support and advance underrepresented faculty, staff, and students. As associate provost, he chairs Northwestern's Diversity Council and serves as the senior administrator responsible for leading and coordinating efforts to create a diverse, inclusive, and welcoming environment for all Northwestern community members.

In addition to his roles at Northwestern, Dr. Bennett also serves as Brown's institutional coordinator among various national organizations working to increase the numbers of underrepresented minorities in graduate and medical education. In 2010, Dr. Bennett launched the Brown Executive Scholars Training Program (BEST) to better equip graduate students for leadership roles in higher education administration. Before joining Brown in 2009, Dr. Bennett was the administrative director of the Office for Multicultural Faculty Careers at Brigham and Women's Hospital in Boston, Massachusetts. During this time Dr. Bennett increased the number of underrepresented minority faculty and trainees at the hospital and engaged medical and undergraduate students in basic, clinical, and translational research through creation of the Summer Training in Research and

Academic Scholarships (STARS) Program. Since 2002 Dr. Bennett has held faculty appointments at Brown University, Harvard Medical School, Lesley University, and Roxbury Community College.

Dr. Bennett received his B.S. in biology and a minor in Spanish from North Carolina Agricultural and Technical (A&T) State University. He received his Ph.D. in biomedical sciences from Meharry Medical College. At Meharry he was funded as a National Science Foundation (NSF) Alliance for the Enhancement of Science Education and Technology Graduate Teaching Fellow, and later as a United Negro College Fund-Merck Postdoctoral Research Fellow while training in the Department of Pathology at Harvard Medical School. Dr. Bennett is an alumnus of the Massachusetts Education Policy Fellowship Program and the Harvard University Administrative Fellowship Program.

Bechara Choucair, M.D., M.S., is Senior Vice President of Safety Net Transformation & Community Health at Trinity Health. Dr. Choucair is responsible for working directly with Trinity Health Regional Health Ministries (RHMs) to improve the health of populations and impact the community-based social determinants of health. He is responsible for the development of new care delivery models and new relationships with payers, public health agencies, and community organizations. He and his team are also responsible for leading community benefits throughout the ministry. For 5 years prior to joining Trinity Health, Dr. Choucair was the commissioner of the Chicago Department of Public Health (CDPH). There he and his team launched Healthy Chicago, the city's first comprehensive public health agenda. Since its launch, CDPH has reported historic lows in childhood obesity rates and both teen and adult smoking rates, as well as significant increases in overall life expectancy. Under his leadership, CDPH became the first big city public health agency to be awarded national accreditation. Prior to his appointment as CDPH commissioner, he served as the executive director of Heartland Health Centers in Chicago and as the medical director of Crusader Community Health in Rockford, Illinois. Dr. Choucair serves on numerous boards and has a faculty appointment at the Feinberg School of Medicine, Northwestern University. In addition to earning a number of local and national awards, he was named one of Chicago's 40 under 40 by Crain's Chicago Business in 2012. Dr. Choucair, a family physician by training, holds an M.D. from the American University of Beirut and a master's degree in health care management from the University of Texas at Dallas.

Kelly Fischer, M.A., is a Staff Analyst at the Los Angeles County Department of Public Health, Injury and Violence Prevention Program. Her work has focused on improving cross-sector collaboration to prevent community violence, and examining the link between violence prevention and chronic

disease. Ms. Fischer coordinates strategic planning and research for the Parks After Dark strategy. She has published a discussion paper and rapid health impact assessment on this emerging practice, several case studies and reports, and has presented at local, state, and national conferences. She served on the planning and implementation committee for the county's Gang Violence Reduction Initiative, and coordinated the assessment of a pilot project designed to improve coordination of services to probation youth and their families. Ms. Fischer is also helping to coordinate the development of a comprehensive youth violence prevention strategic plan for the community of Westmont West Athens, 1 of 12 sites selected for a national initiative of the Centers for Disease Control and Prevention. Ms. Fischer has a master's degree in anthropology from California State University, Northridge.

Lisa Hampton currently serves as Programming and Public Affairs Manager for the Midwest sector of LeadersUp. In this role she uses her policy and program expertise to build relationships with government, education leaders, employers, and other key stakeholders to advance opportunities for youth through talent development and training opportunities. She has more than 10 years of experience in policy and program development in workforce development and reentry, specifically in transitional jobs, youth employment, and job seekers with a criminal background. Additionally, she has more than 18 years in direct service working to improve the lives of people living in hunger and homelessness, persons with HIV/AIDS, youth development, and youth and families affected by the child welfare system.

Ms. Hampton's former roles includes 8 years with the Illinois Department of Juvenile Justice and the Illinois Department of Corrections as a Senior Program Service Administrator working on employment and education opportunities for offenders, and she spent 5 years as a Senior Policy Associate at the Chicago Jobs Council focusing on workforce development issues such as race and hiring practices and employment barriers for ex-offenders. Ms. Hampton holds a B.S. in Human Development and Social Policy from Northwestern University and a master's from the University of Chicago's School of Social Service Administration.

Brenda Palms Barber is the CEO of Sweet Beginnings, LLC, and is the Executive Director of the North Lawndale Employment Network (NLEN) in Chicago. The NLEN mission is to improve the earnings potential of residents in North Lawndale, one of the most severely economically disadvantaged communities in the city of Chicago. Because of the lack of job opportunities available to NLEN clients, Ms. Barber developed an innovative social enterprise business called Sweet Beginnings, LLC.

A wholly owned subsidiary of NLEN, Sweet Beginnings is a transitional jobs program that provides green collar jobs producing honey in an

urban neighborhood setting and manufacturing and marketing honey-based personal care products under the beelove label throughout the Midwest region at Whole Food stores and high-end specialty boutiques, like Mark Shale. Under Ms. Barber's leadership, NLEN received one of the first 2006 MacArthur Foundation Awards for Creative and Effective Institutions, the Shore Bank Community Impact Award in 2007, and the federal Going Home Pilot Program in partnership with the Illinois Department of Corrections. Most recently, Ms. Barber joined the Board of Directors for the Emergency Fund.

Ms. Barber holds a bachelor's degree in Business Management from the University of Phoenix, and in July 2008 she attended the Harvard Business School, Strategic Perspectives in Non Profit Management, as a Roman Nomitch Fellow and scholarship recipient. She has a master of science in Nonprofit Management from the Spertus Institute. She was also a member of the second class of graduates from the Chicago Urban League's *nextONE* program, an intensive business marketing entrepreneurial training program that included classes at Northwestern University's Kellogg School of Management. Ms. Barber was featured in the April issue of *Chicago Magazine* as a 2009 Green Awards recipient, was the 2008 Aspen Institute Ideas Fellow, and was awarded the 2009 Phenomenal Woman Award by the Black Women's Expo. Her work has been covered by ABC's *Living Green*; NPR, *The Story with Dick Gordon*; The Root.com—Green Hero Award; 2009 NBC Jefferson Award; *Chicago Sun-Times*; *Chicago Tribune*; Chicago Urban League; *Next TV* on Fox; and ABC's *Living Green with José Saunders*.

Joanne G. Schwartzberg, M.D., is a Scholar-in-Residence at the Accreditation Council for Graduate Medical Education (ACGME). She received her B.A. from Harvard, her M.D. from Northwestern, and is a Clinical Assistant Professor of Preventive Medicine and Community Health at the University of Illinois' Chicago College of Medicine and an Adjunct Assistant Professor in General Internal Medicine and Geriatrics at Northwestern University Feinberg School of Medicine. Dr. Schwartzberg is a past-president of the Institute of Medicine of Chicago, the Illinois Geriatrics Society, and the American Academy of Home Care Physicians.

Dr. Schwartzberg served as co-chair of the Illinois Delegation to the 1995 White House Conference on Aging, Caucus on Health and Social Services. She also served on the Advisory Committee of the 2005 White House Conference on Aging. From the start of her career, as a founder of the first multidisciplinary not-for-profit home health agency in the Midwest to her 22 years as Director of Aging and Community Health at the American Medical Association (AMA), to her current work at ACGME on evaluating the interprofessional educational programs and practices offered through

residency programs across all specialties, Dr. Schwartzberg has successfully advocated for and created programs to improve the quality of health care for older Americans. At the AMA, she directed initiatives on medical education and geriatric competencies; practice management and geriatric care by design; older driver safety; medical management of the home care patient; health literacy; safe communication; medication reconciliation; and patient self-management. She led the AMA Foundation's Health Literacy Training of Trainers program, which with 38 interprofessional faculty teams around the country reached more than 30,000 health professionals. Dr. Schwartzberg received the David H. Solomon Distinguished Public Service Award from the American Geriatrics Society on May 3, 2013.

Dr. Schwartzberg is the 2001 recipient of the Henry P. Russe, M.D., Citation for Exemplary Compassion in Healthcare awarded by the Institute of Medicine of Chicago and the Rush-Presbyterian-St. Luke's Medical Center.

Rebecca Spencer is the Director of Benefits for Marriott International, Inc., a leading hospitality company with 140,000 employees nationwide. Ms. Spencer joined Marriott in 2003, and she is responsible for the strategy, design, and management of Marriott's health plans with an emphasis on well-being and health promotion. Ms. Spencer also oversees Marriott's well-being strategy and TakeCare wellness program initiatives to improve health, productivity, and employee engagement.

Ms. Spencer is a board member for the Institute on Innovation in Workforce Well-being for the National Business Group on Health (NBGH), and she serves on the National Committee on Pharmacy Benefits and Personalized Medicine for NBGH. She also serves on the Purchaser's Advisory Committee for National Committee for Quality Assurance.

Prior to working for Marriott, Ms. Spencer was with International Foundation for Electoral Systems (IFES), an international nonprofit organization, as a Human Resources Manager where she managed the health and retirement plans and operations. Prior to IFES, Ms. Spencer was a Human Resources Generalist for a global satellite company. Ms. Spencer obtained her B.A. from Salisbury University.

William Spriggs, Ph.D., is a professor in, and former Chair of, the Department of Economics at Howard University and serves as Chief Economist to the AFL-CIO. In his role with the AFL-CIO he chairs the Economic Policy Working Group for the Trade Union Advisory Committee to the Organization for Economic Cooperation and Development, and he serves on the board of the National Bureau of Economic Research.

From 2009 to 2012, Dr. Spriggs served as Assistant Secretary for the Office of Policy at the U.S. Department of Labor, having been appointed by President Barack Obama, and confirmed by the U.S. Senate. At the time

of his appointment, he also served as chairman of the Healthcare Trust for United Auto Workers (UAW) Retirees of the Ford Motor Company and as chairman of the UAW Retirees of the Dana Corporation Health and Welfare Trust, vice chair of the Congressional Black Caucus Political Education and Leadership Institute; and on the joint National Academy of Sciences and National Academy of Public Administration's Committee on the Fiscal Future for the United States. As Senior Fellow of the Community Service Society of New York, he served on the boards of the National Employment Law Project and very briefly for the Eastern Economic Association.

Dr. Spriggs's previous work experience includes roles leading economic policy development and research as a Senior Fellow and Economist at the Economic Policy Institute; as Executive Director for the Institute for Opportunity and Equality of the National Urban League; as a Senior Advisor for the Office of Government Contracting and Minority Business Development for the U.S. Small Business Administration; as a Senior Advisor and Economist for the Economics and Statistics Administration of the U.S. Department of Commerce; as an Economist for the Democratic staff of the Joint Economic Committee of Congress; and, as staff director for the independent, federal National Commission for Employment Policy. He is a former president of the National Economics Association, the organization of America's professional black economists.

He graduated from Williams College in Massachusetts, and holds a doctorate in economics from the University of Wisconsin–Madison. He also taught 6 years at Norfolk State University and for 2 years at North Carolina A & T State University. He is a member of the National Academy of Social Insurance and the National Academy of Public Administration.

Latricia Tillman, M.P.H., is the Director for Public Health at the Multnomah County Health Department. Her goals throughout her career have been to promote a highly qualified, diverse workforce; to engage communities experiencing disparities in promoting health and well-being; and to reduce social inequities. She has worked over the past 22 years to improve the health of culturally diverse communities in Arizona, Massachusetts, and Oregon. This January, Ms. Tillman returned to work at the Multnomah County Health Department to serve as Director for Public Health. Prior to this, she was the Director for the Office of Equity and Inclusion in the Oregon Health Authority. Under her leadership, the Office of Equity and Inclusion elevated the mandate for health equity and civil rights, increased state funding for culturally specific community organizations to promote health and well-being, created opportunities for highly qualified and diverse health professionals to serve in policy leadership roles, and created and implemented policies that promote equity and civil rights in health and human services. She advocated for the integration of health care interpreters, com-

munity health workers, doulas and other "traditional health workers" in health systems transformation as proven health equity strategies.

In her new role, she will continue to work to ensure that health equity and culturally and linguistically appropriate service standards are a strong part of Multnomah County.

Travis Watson has worked at the Dudley Street Neighborhood Initiative (DSNI) since 2007. During that time he has led the organization's community benefits work, securing roughly $35 million in subcontracts for minority- and women-owned business enterprises, and provided work hours for residents, minorities, and women at historic levels. In 2011 Mr. Watson was appointed Boston Employment Commissioner, and was in charge of increasing employment opportunities for Boston residents, workers of color, and women on construction projects funded by the City of Boston. He was also responsible for monitoring for compliance with labor standards and prevailing wages on federally funded projects. Additionally, he has been deeply involved with the reporting and outreach of DSNI and manages their website and social media. DSNI is a nonprofit, community-based planning and organizing entity in the Roxbury/North Dorchester neighborhoods, some of the poorest areas of Boston. It is the only community-based nonprofit in the United States to be granted eminent domain authority over abandoned land, which it has used to permanently transform more than half of the area's 1,300 abandoned parcels of land into schools, parks, community buildings, urban agricultural plots, and affordable housing. He previously served on the Steering committee of the Green Justice Coalition, a partnership of community groups, labor unions, environmental groups, and other organizations that support a sustainable, equitable, and clean energy economy in the Boston region. He is also deeply involved with the Cuba-U.S. Agroecology Network and is a photographer. Much of his work highlights urban agriculture in Boston and Cuba as well as minor league baseball.

Kyle Westbrook has worked in and around Chicago Public Schools for nearly 20 years as a teacher, teacher leader, leadership coach, and central office leader. Mr. Westbrook began his career in 1995 as a history teacher at Lincoln Park High School. In 2001, he joined the faculty at the then new Walter Payton College Prep where he served in several teacher leadership roles including department chair and Local School Council representative. In 2007, Mr. Westbrook accepted a position as Director of Secondary School Supports for the Urban Education Institute at the University of Chicago. In 2011 he returned to Chicago Public Schools, this time at the central office as Executive Director of Magnet, Gifted, and International Baccalaureate Programs. Mr. Westbrook is excited to be a part of the policy

team leading the mayor's efforts to develop City Colleges of Chicago as the premier city college system in the United States, as well as ongoing efforts to strengthen workforce partnerships.

Clyde Yancy, M.D., M.Sc., is Vice Dean for Diversity and Inclusion, Chief of the Division of Cardiology, and the Magerstadt Professor at Northwestern University's Feinberg School of Medicine. Until recently, he was the Medical Director at Baylor Heart and Vascular Institute and Chief of Cardiothoracic Transplantation at Baylor University Medical Center. He co-chairs the Coalition to Reduce Racial and Ethnic Disparities in Cardiovascular Outcomes sponsored by the American College of Cardiology (ACC). He has served as President of the American Heart Association (AHA) and on the Executive Council of the Heart Failure Society of America. He is a member of the ACC Guideline Taskforce, which oversees all ACC/AHA guidelines. His research interests include the emerging role of registries in cardiovascular diseases, management of advanced heart failure with new drugs and devices, and heart failure in special populations. He received an M.D. from Tulane University School of Medicine (1982) and did his residencies at Parkland Memorial Hospital. He is board certified in cardiovascular disease.

Appendix D

Statement of Task

The Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities will form an ad hoc committee to plan and conduct a 1-day workshop that will include invited speakers and discussions. The committee will define the specific topics to be addressed, develop the agenda, select and invite speakers, and moderate discussions during the workshop. An individually authored summary of the presentations and discussions at the workshop will be prepared by a designated rapporteur in accordance with institutional guidelines.

The workshop will focus on the economic case for promoting health equity. Thriving businesses benefit from health equity values and goals. Additionally, the larger society benefits because of improved community health and the improved health of the local economy. The workshop will explore ways to enable a "first of its kind" dialogue that showcases the shared values and visions of health equity–promoting strategies of researchers, health equity experts, and business sectors. Showcasing the effect of health equity–promoting initiatives will help to build bridges across sectors in order to foster additional large-scale collaborative health equity efforts.

Three specific topics that lift up best practices will be highlighted at this workshop. These topics are

1. Transforming communities so that they are healthier for all residents
2. Improving individual employee health
3. Workforce development

More specific questions to be considered include

- Why is engaging in health equity good for the economy?
- How can businesses and other organizations be key partners in promoting health equity?
- What are some examples from across business sectors of companies that demonstrate health equity promotion?
- How can businesses and other organizations engage with local communities to promote health equity?
- What are examples of nonemployee community engagement?
- Are there examples of companies investing in workforce development programs and STEM (science, technology, engineering, and mathematics) programs for adolescents?