



HERO Employer - Community Collaboration Committee

Environmental Scan

Role of Corporate America in Community
Health and Wellness

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About This Report

This report was sponsored by the Roundtable on Population Health Improvement at the Institute of Medicine (IOM). The convener of this project was the Health Enhancement Research Organization (HERO), a national leader in employee health management, research, education, policy, strategy, leadership, and infrastructure (www.the-hero.org). Denise, E. Stevens, Ph.D., of MATRIX Public Health Solutions, Inc. (www.matrixphs.com), an independent consultancy, conducted the environmental scan and took the lead in writing this report. HealthPartners managed the IOM grant.

This report was written with feedback and input from the HERO Employer-Community Collaboration (HECC) with special thanks extended to committee cochairs:

- Cathy Baase, M.D., Chief Health Officer, The Dow Chemical Company
- Nico Pronk, Ph.D., Vice President and Chief Science Officer, HealthPartners
- Jerry Noyce, President and CEO, HERO

The views presented in this report do not reflect any specific individual or industry position, nor are they representative of the views of the IOM or of the National Research Council. It has been prepared to generate discussion and inform future work.

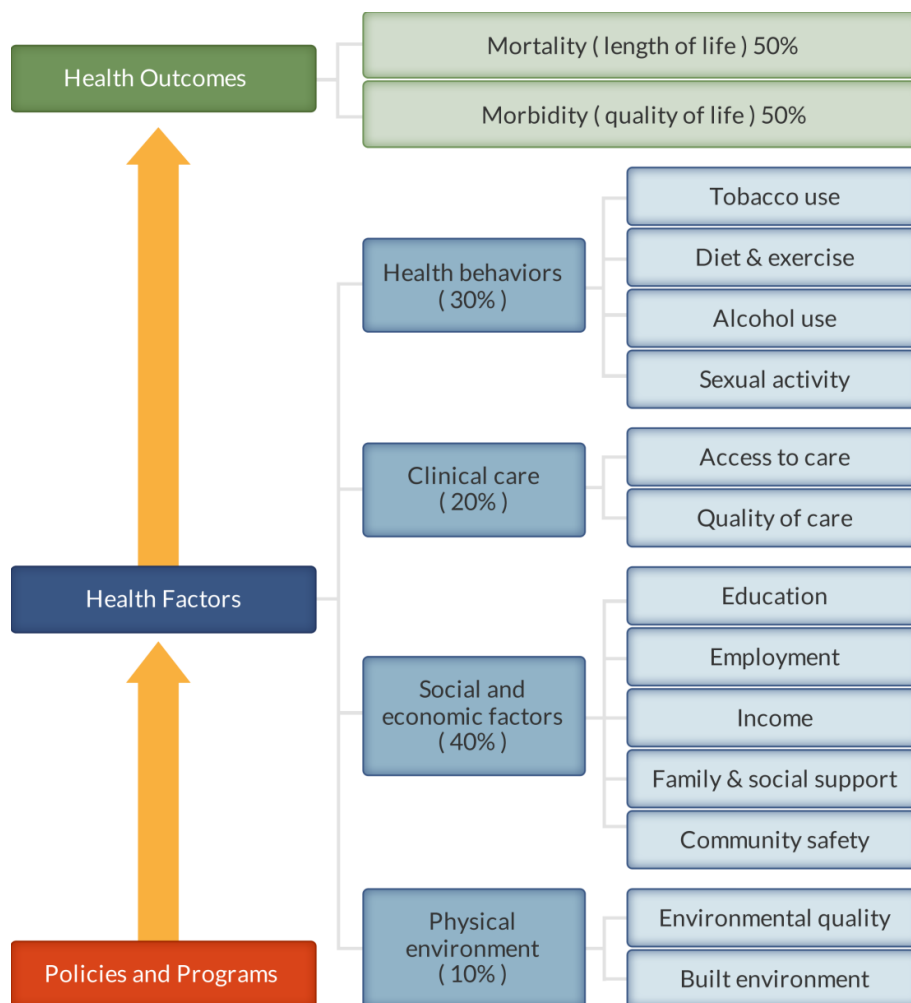
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INTRODUCTION

Although the United States spends more on health care than any other nation, 17.7% of its GDP (gross domestic product), the United States continues to lag behind other countries in terms of life expectancy (ranking 27th), and other health indicators (OECD, 2013). The inequities within the U.S. health care system are even more startling than those between nations, as the social determinants of health—neighborhood and built-environment, economic stability, education, and cultural community context—are directly affecting health access and outcomes. Approximately 162 million adult Americans report having at least one of the following chronic diseases: cancer, diabetes, hypertension, stroke, heart disease, pulmonary conditions, and mental disorders. The total effect of these diseases on the economy is \$1.3 trillion annually (De Vol et al., 2013). Part of the problem is that the current health care system is predominantly reactive, rather than proactive, focusing on the treatment of individual illness and disease, rather than fostering multisectoral community prevention initiatives, focusing on wellness, that would address the whole person—where they live, learn, work and play (CommonHealth ACTION, 2013). There is a growing consensus that fundamental public health improvements will require multisectoral partnerships, and businesses have a core role to play in these (Fawcett et al., 2010). The business community itself agrees (U.S. Chamber of Commerce, 2013). One could argue that it may be impossible to achieve public health objectives without the involvement of the business community on several fronts. Studies have already demonstrated the positive return on investment of workplace health programs (Partnership for Prevention, 2013). Businesses have a definable economic rationale to be involved and are uniquely positioned in communities and have the capacity to provide leadership, direct their philanthropy, advocate for effective policy, facilitate volunteerism, and promote health through their engagement with cross-sector organizations of the society.

Chronic diseases account for 7 of the 10 leading causes of mortality in the United States and affect almost 50% of Americans (CDC, 2012). These conditions are not limited to adults—since 1980 rates of obesity have doubled in 2–5 year olds, quadrupled in 6–11 year olds, and tripled in 12–19 year olds (ChildObesity180, 2013). The *County Health Rankings and Roadmaps* program, which is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin, have created a model that identifies various aspects of the social determinants of health that need to be affected in order to improve overall population health. Policies and programs with sufficiently strong evidence of effectiveness are outlined and will need to be implemented in order to drive toward improved short-term health factors and long-term health outcomes, resulting in healthier communities (see Figure 1).



County Health Rankings model ©2012 UWPHI

The County Health Rankings is a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Source: County Health Rankings, 2012

Figure 1: County Health Rankings and Roadmaps Model

The nonclinical determinants of health are estimated to account for approximately 80% of the health of a population, and these are the areas that can be affected by evidence-based community public health initiatives (RWJF, 2013). Currently, the United States only spends 3% of its health care budget on preventing diseases (as opposed to treating them), while 75% of health care expenditures are related to preventable conditions (APHA, 2012).

Evidence-based community-level public health initiatives can have a significant return on investment through saving money and saving lives. According to the American Public Health Association (2013):

- Every \$1 invested in biking and walking can return benefits up to \$11.80
- For every \$1 invested in food and nutrition education there is a \$10 return in reduced health care costs
- For every \$1 invested in tobacco cessation programs, the potential ROI is \$1.26
- If 10% of adults began walking on a regular basis, \$5.6 billion in heart disease costs would be averted.
- Childhood immunizations save \$9.9 million in direct health care costs, save 33,000 lives, and prevent 14 million cases of disease
- Every \$1 invested in fluorinated water saved \$40 in dental care

The private sector is burdened by direct and indirect health care costs, including health benefit plans, worker's compensation, disability, absenteeism, presenteeism (reduced employee performance due to poor health), employee retention and turnover, and lower morale. As much as 50% of company profits go towards health care costs (PHI, 2013). Currently, more than 90% of larger employers and more than 60% of small businesses offer at least one wellness benefit to their employees (The Henry J. Kaiser Family Foundation, 2013).

| Worksite Health: Facts |
|--|
| <ul style="list-style-type: none"> • The indirect costs (e.g., absenteeism, presenteeism) of poor health can be two to three times the direct medical costs. • Productivity losses related to personal and family health problems cost U.S. employers \$1,685 per employee per year, or \$225.8 billion annually. • A review of 73 published studies of worksite health promotion programs shows an average \$3.50-to-\$1 savings-to-cost ration in reduced absenteeism and health care cost. • A meta-review of 42 published studies of worksite health promotion programs shows: <ul style="list-style-type: none"> ○ Average 28% reduction in sick leave absenteeism ○ Average 26% reduction in health costs ○ Average 30% reduction in workers' compensation and disability management claims costs ○ Average \$5.93-to-\$1 savings-to-cost ratio |

Source: Partnership for Prevention, 2013

The National Business Coalition on Health (refer to Appendix B for more information) listed the following "Employer Incentives for Building Healthy Communities" (NBCH, 2013):

- Improve the health status and productivity of an employer's current and future workforce.

- Control direct (health care) and indirect (absenteeism, disability, presenteeism) costs to the employer.
- Create both the image and the reality of a healthy community that may help recruitment and retention of workforce talent in tight labor markets.
- Increase the buying power and consumption level for business products, in particular nonmedical goods and services by improving the health and wealth of a community.
- Channel corporate philanthropy in a direction that will improve community relations, goodwill, or branding with the potential for a positive return for the business enterprise itself.
- Help create public and private partnerships and a multistakeholder community leadership team that can become the foundation for collaboration, cooperation, and community-based problem solving for many other issues affecting the business community, such as economic development and education

Studies are emerging linking corporate bottom-line performance with corporate social responsibility. There is a growing understanding that early childhood, elementary, and high school education programs within communities contribute to business profitability (Kindig et al., 2013). Schools provide an excellent environment of a variety of community health initiatives.

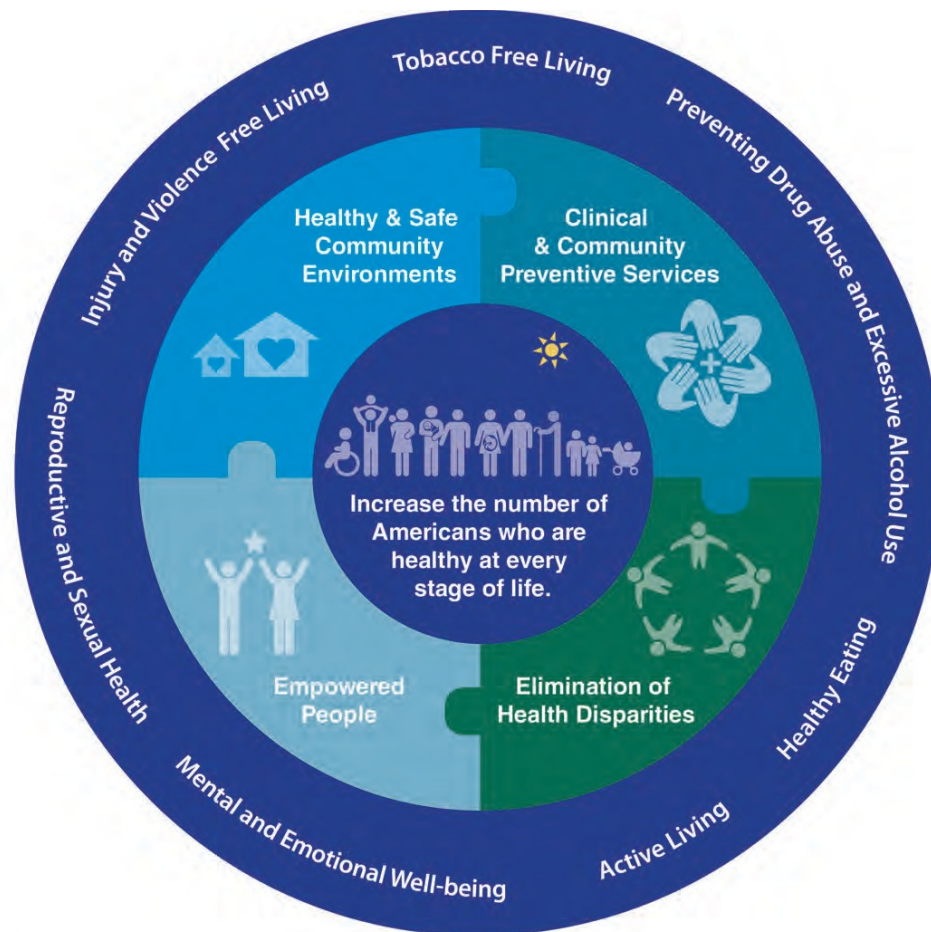
A Harvard Business School study of 18 years of data in the United States found strong evidence that firms that emphasized corporate social responsibility and sustainable significantly outperformed similar firms that did not, as measured by both financial and stock market returns (Eccles et al., 2012).

Just as there are multiple determinants of health, no single sector is solely responsible for health improvement. Businesses and community multisectoral partnerships and coalitions have a crucial role to play in population health improvement.

The National Prevention Strategy, published by the Surgeon General in 2011, identifies four Strategic Directions and seven Targeted Priorities that prioritize prevention and are focused on improving the health of communities (Figure 2).

Business leaders must come to understand that they can do everything right to influence the health and productivity of their captured workforce at the worksite, but if that same workforce lives in unhealthy communities employer investments can be lost or certainly weakened.

—Andrew Webber, Past President & CEO, NBCH



Source: National Prevention Council, 2011

Figure 2: National Prevention Strategies

These strategies and priorities taken together provide a useful framework for those considering engaging in population health activities.

Purpose and Scope of This Report

HERO has established a committee known as the HERO Employer-Community Collaboration (HECC) Committee composed of 25 members representing a variety of business and foundation stakeholders. The purpose of this committee is to develop a framework and report that presents a rationale for businesses to be involved in addressing population health at the community level and the role that the business community plays or can play in this arena.

The Institute of Medicine's Roundtable on Population Health Improvement is the sponsor of the first phase of this project, which calls for an environmental scan of activities being conducted in this space around the nation. This environmental scan includes the following:

1. Who or which organizations may be recognized as the major players in this landscape focusing on businesses, coalitions/associations, and foundations?
2. Key documents and resources identified during the review
3. A summary that provides an overall description of the current state of affairs
4. An initial statement of the business case/logic model for corporate investment in community health improvement

It is important to note this environmental scan does not focus on workplace health initiatives. It is focused on establishing a baseline regarding current knowledge regarding the role and extent of involvement that corporate America has in population health efforts. To our knowledge, this is the first systematic attempt to document these efforts.

The definition of population health that we are using is based on Kindig and Stoddart (2003) view that it is a field of inquiry that encompasses "health outcomes, patterns of health determinants, and policies and interventions that link these two." In this definition, they further emphasized that population health refers to "the health *outcomes* of a group of individuals, including the distribution of such *outcomes* within the group." Note that this definition is much broader than public health in that it goes beyond the role of traditional government systems (e.g., health departments). It also goes beyond our hospitals and clinical care systems to include community and societal influences (e.g., social determinants of health). This broader definition we are referring to here as *population health* is a composite of community, public health, and clinical care systems.

ENVIRONMENTAL SCAN METHODS

Literature Review

An extensive review of grey as well as peer-reviewed scientific journals was undertaken to determine the depth and breadth of information currently available.

Stakeholder Interviews

A series of eight key informant interviews were conducted to provide a more in-depth understanding of the role that businesses currently play in addressing population health issues as well as to gain perspectives on the business case. Those interviewed represented thought leaders from business, associations, and foundations. They were asked whether they knew of any business exemplars, including those that had demonstrated measurable impact, what they perceived the role of business could be in population health, what the best way would be to make the business case, among other questions.

Case Studies

A key component of the environmental scan was to identify businesses that are addressing population health through their direct (through supported programming) or indirect participation (through associations and/or partnerships). The scan assessed those that are currently conducting, or have previously conducted, programs or initiatives that had the potential to improve, or had already demonstrated improvements, on population health. The criterion used to identify a set of business exemplars includes program/initiatives that:

- Specifically address population health
- Extend beyond the workplace setting to reach employee families and community participants
- Include metrics that allow demonstrable impact (either or both short and long term)

ENVIRONMENTAL SCAN RESULTS

Literature Review Summary

The results of the peer-reviewed scientific literature revealed few published articles (Table 1). The majority of these articles were position papers on the role (or potential role) of business in addressing population health issues. The extensive review of the grey literature led to detailed review of several hundred websites of corporations, foundations, and associations. On close review, many businesses that initially emphasized population health activities did not meet the definition of affecting the health of communities beyond the workplace environment. The appendices include overviews of the programs and accomplishments of business-led community coalitions, individual businesses, and foundations whose mission is to improve community population health.

Table 1: Review of Literature

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|--|
| BSR. (2013). A new CSR frontier: Business and population health. http://www.bsr.org/reports/BSR_A_New_CSR_Frontier_Business_and_Population_Health.pdf |
| Cardelo, H. & Wolfson, J. (2013). Lower-calorie foods and beverages drive Healthy Weight Commitment Foundation Companies' Sales Growth. Hudson Institute. http://www.hudson.org/files/publications/LowerCalHealthyWeightCommitment--May2013.pdf |
| Canterbury M, Hedlund S. The potential of community-wide initiatives in the prevention of childhood obesity. <i>Diabetes Spectrum</i> 2013;26(3):165-170. |
| Hudson Institute. (2013). Lower-calorie foods. It's just good business. http://www.hudson.org/files/publications/lower_calorie_foods.pdf |
| Kindig, D. A., Isham, G. J., & Siemerling, K. Q. (2013). The business role in improving health: Beyond social responsibility. IOM Round Table on Population Health, Discussion Paper. |
| Isham, G.J., Zimmerman, D.J., Kindig, D.A., Hornseth, G.W. HealthPartners adopts community business model to deepen focus on nonclinical factors of health outcomes. <i>Health Affairs</i> 2013, Aug;32(8):1446-52 |
| Nash, D.B., Reifsynder, J., Fabius, R.J., Pracilio, V.P., Population Health: Creating a culture of wellness. Jones Bartlett Learning. |
| NBCH. (April 2013). "NBCH action brief: Community health." http://www.nbch.org/NBCH-Action-Briefs |
| NBCH. (2009). Building healthy communities: Should employers care? http://www.nbch.org/NBCH/files/ccLibraryFiles/Filename/000000000798/NHLC%20White%20Paper%20July%202009%20V2.pdf |
| Partnership for Prevention. (2011). "Leading by example: Creating healthy communities through corporate engagement." http://www.prevent.org/data/files/initiatives/lbe_community_final.pdf |
| Simon, P. A., & Fielding, J. E. (2006). Public health and business: A partnership that makes cents. <i>Health Affairs</i> , 25(4), 1029-1039. |
| Sturchio, J.L., & Goel, A. (2012). The private-sector role in public health: Reflections on the new global architecture in health. CSIS. http://csis.org/files/publication/120131_Sturchio_PrivateSectorRole_Web.pdf |
| Webber, A. (2011). Businesses as partners to improve community health. <i>American Journal of Preventive Medicine</i> , 40(1), S84-S85. |
| Webber, A., & Mercure, S. (2010). Improving Population Health: The Business Community Imperative. <i>Preventing Chronic Disease</i> , 7(6):1-6 |

Overview of Key Players

The population health landscape involves a diverse array of public, private, and nonprofit stakeholders. Figure 3 below identifies these key players. Although the focus of this environmental scan is to examine the role of corporate American in community health and wellness, it is important to touch on the activities of the public and nonprofit sectors as well, as they are part of the landscape. The literature review has demonstrated that many of these stakeholders are partners in business-led coalitions/associations. More importantly, many of these stakeholders can provide resources, tools, and partnership opportunities for businesses desiring to invest in population health initiatives. For the purposes of this review we will focus on government, corporate, and private foundations; coalitions and associations; and industry (presented in the case examples).

Government

Nationally, the government's role in community public health has included the provision of health insurance to low-income individuals and senior populations through the Medicaid and Medicare social programs. Recently this role has expanded through the Affordable Care Act (ACA) to providing health insurance regulations and standards aimed to increase access, affordability, and quality of coverage for all Americans. Over the coming months and years, as the rollout of the ACA progresses, this will contribute to changing the landscape of community health, as funding becomes available for community needs assessments, and stricter regulations come into effect surrounding workplace wellness programs. Although a detailed analysis of the government's role in community health improvement is beyond the scope of this environmental scan, the Center for Disease Control's Division of Community Health (CDC-DCH) Programs are worth noting. Four of the main CDC-DCH programs include:

- Communities Putting Prevention to Work (CPPW)¹
 - (CPPW) is a locally driven initiative supporting 50 communities to tackle obesity and tobacco use.
 - Communities—including urban, small, rural, and tribal areas—are implementing environmental changes to make healthy living easier, such as improving means for safe active transportation for pedestrians, bicyclists, and mass transit users; ensuring provision of healthy food and beverage options in schools; limiting exposure to secondhand smoke; and increasing available tobacco cessation resources.

¹ For more information on CDC-CPPW, please visit

<http://www.cdc.gov/nccdphp/dch/programs/CommunitiesPuttingPreventiontoWork/index.htm>

- More than 50 million people live in a community that will benefit from this initiative.

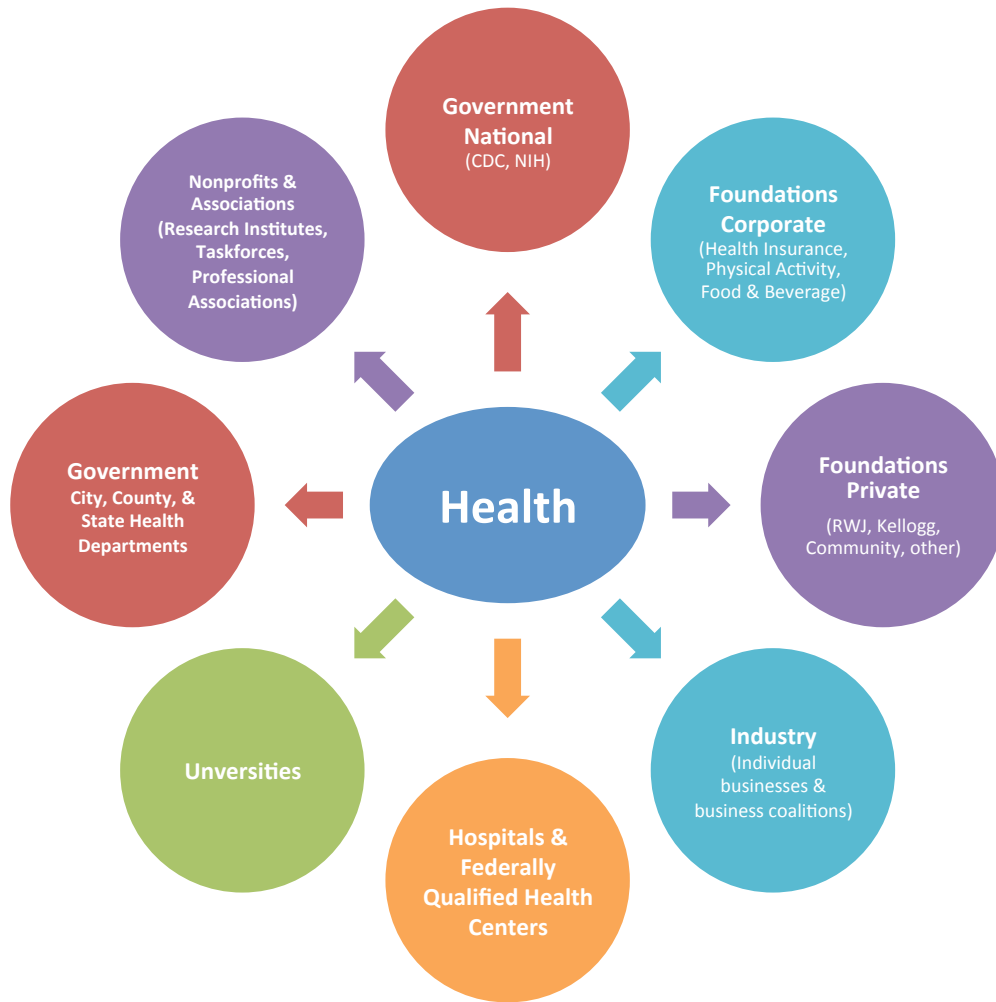


Figure 3: Overview of Population Health Key Players

- Community Transformation Grants (CTG)²
 - In 2011 the CDC awarded \$103 million to 61 state and local government entities, tribes, and territories as well as nonprofit organizations in 36 states to support community-level programs that prevent chronic diseases.
 - In addition they awarded approximately \$4 million to 6 national networks of community-based organizations to engage in multistakeholder partnerships (e.g., education, transportation, business, faith-based organizations) in order to improve the health of their large-sized communities (greater than 1.5 million).
 - In 2012, the CTG was expanded to support areas with fewer than 500,000 people in neighborhoods, school districts, villages, towns, cities, and approximately \$70 million was awarded to 40 communities to implement broad, sustainable strategies that will reduce health disparities and expand clinical and community preventive services that will directly impact about 9.2 million Americans.
- Healthy Communities Program³
 - CDC's Healthy Communities Program works with communities through local, state and territory, and national partnerships to improve community leaders and stakeholders' skills and commitments for establishing, advancing, and maintaining effective population-based strategies that reduce the burden of chronic disease and achieve health equity
 - Resources include: Action Institutes for Training, Tools for Community Action, National Networks for Community Change, and the Success Stories website
- Racial and Ethnic Approaches to Community Health (REACH)⁴
 - REACH is a national initiative vital to the CDC's efforts to eliminate racial and ethnic disparities in health. Through REACH, CDC supports awardee partners that establish community-based programs and culturally tailored interventions to eliminate health disparities among African Americans, American Indians, Hispanics/Latinos, Asian Americans, Alaska Natives, and Pacific Islanders.

At a local level, state, city, and county health departments also play a crucial role in shaping community health outcomes through policy initiatives, research, and service provision.

² For more information on CDC-CTG, please visit

<http://www.cdc.gov/nccdphp/dch/programs/communitytransformation/index.htm>

³ For more information on CDC's Healthy Communities Program, please visit

<http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/index.htm>

⁴ For more information on CDC's REACH Program, please visit

<http://www.cdc.gov/nccdphp/dch/programs/reach/index.htm>

Corporate and Private Foundations

Foundations play a pivotal role in community health improvement. First, private foundations provide essential funding to population health initiatives, and the large scale of this funding has the ability to shape the direction of population health policy and community development. Secondly, corporate foundations provide an avenue for large businesses to focus their philanthropic activity and corporate social responsibility into areas that complement their business strategy. Foundations are often members of multistakeholder coalitions, and they may fund the research that leads to the best practices and evidence-based initiatives that are implemented by diverse stakeholders at the community level. A snapshot of the activities of the following foundations can be found in Appendix A:

- Aetna Foundation
- The California Endowment
- GENYOUth Foundation
- W.K. Kellogg Foundation
- Robert Wood Johnson Foundation

Stakeholder Interviews

The results of the stakeholder interviews by thought leaders representing business, associations, and foundations revealed are woven throughout the results section, particularly in the section on business case and rationale for involvement. The key themes that emerged from the interviews included:

1. Businesses benefit from engaging in community/population health activities beyond the workplace setting in a variety of ways (select examples).
 - Increases ties to community and enhances reputation of business
 - Increases businesses awareness of factors that can influence business through increased knowledge of community and stakeholders
2. Elements of an effective business case for engaging in population health activities include (select examples):
 - Cost savings
 - Increased health, safety, and productivity of workforce
 - Investing in vibrant livable communities attracts new talent, new businesses, and retains current workforce.

Case Studies

Multistakeholder Business Coalitions

Multistakeholder coalitions, composed of public, private, and government players are one of the key ways that businesses are becoming involved in population health initiatives. These coalitions can be organized at a state or city level, or they can be larger national alliances working in multiple geographic locations with a mission to target a specific public health risk factor, such as obesity. The National Business Coalition on Health (NBCH) and the Community Coalitions Health Institute (CCHI) developed a document, “Community Health Partnerships Tools and Information for Development and Support,” that lists the primary benefits of partnership as (NBCH and CCHI, 2012):

- Leveraging and maximizing resources by pooling talent, expertise, and resources
- Improving outreach to stakeholders (employers, employees, providers, vendors, public health officials, policy makers, etc.) with enhanced visibility and messaging
- Minimizing duplication of efforts
- Generating broad-based support—including other stakeholders from both private and public sectors
- Increasing credibility beyond the scope of the individual organization
- Being more appealing to other potential resources including funding sources
- Co-branding opportunity
- Creating better ways to reach audiences where they spend time—live, work, play
- Realizing that no one stakeholder can solve the problem
- Building on public health’s expertise and evidence-based tools and information to improve the health of the community
- Access to the public sector as a major employer and purchaser of health programs
- Reduction in costs—both direct and indirect—related to health
- Improving health status
- Improving community life

In addition, this valuable resource provides general guidelines for successful partnerships, suggestions for coalitions and business related to outreach to public health officials, and suggestions for public health officials related to outreach to business and coalitions. Table 2 illustrates additional tools and resources identified during the literature review that may benefit future work in this area.

The role of business in multistakeholder coalitions ranges from passively funding programs to actively taking a leadership role in creating community change. The federal Department of Health and Human Services (HHS) along with the Agency for Health Care

Improvement have facilitated the Chartered Value Exchanges where multistakeholder coalitions can become designated as Community Leaders for Value-Driven Health Care. Participants are becoming part of a national community of practice where coalitions can learn from one another. Over time these coalitions may be a valuable resource for tracking and monitoring long-term changes in population health.

The results of the literature review and key informant interviews revealed a number of coalitions that have been striving to improve population health using data-driven approaches. These are listed below, and a detailed snapshot of these multistakeholder coalitions that are illustrative exemplars can be found in Appendix B:

- Blue Zones Project
- ChildObesity180
- Community Coalitions Health Institute
- Healthiest State Initiative
- Healthy Weight Commitment Foundation
- Lake Nona Project
- Live Well Omaha
- Michigan Health Information Alliance
- Mid-America Coalition on Healthcare
- National Business Coalition on Health
- Partnership for a Healthier America

By far the Blue Zones Project is further ahead when compared to others in terms of data tracking and monitoring. Of note is the recent work of the Hudson Institute which examined the sales from 2007 to 2011 of lower-calorie foods made by 16 members of the Healthy Weight Commitment Foundation (HWCF) and found evidence that promoting healthy products is good for the business bottom line. Lower-calorie products drove 82% of the sales growth among the food and beverage companies studied, which was four times the rate of higher calorie items. In addition, sales of lower-calorie products increased by over \$1.25 billion compared to less than \$300 million for higher-calorie items (Health Weight Commitment Foundation, 2013).

In addition to these examples there are many more occurring that may not be easily obtained through literature searches and/or have recently been launched but are worth following over time. A few noteworthy examples mentioned during the key informant interviews and/or from the committee include:

- Healthier Tennessee—<http://healthiertn.com>
- HeartsBeatBack Minnesota—www.heartsbeatback.org

Table 2: Resources and Tools

| |
|---|
| Community Coalition Health Institute. "Community Health Planning Resources." http://www.nbch.org/Community-Health-Planning-Resources |
| Butterfoss, F. D. (2007). <i>Coalitions and partnerships in community health</i> . Wiley. com. |
| Canterbury, Marna, et al., "The Potential of Community-Wide Initiatives in the Prevention of Childhood Obesity," <i>Diabetes Spectrum</i> , 2012, Volume 26, Number 3. |
| Case In Point Magazine, Anne Llewellyn, RN-BC, MS, BHSA, CCM, CRRN, Editor in Chief, Dorland Health, 954-476-7143, ALlewellyn@decisionhealth.com |
| Corporate sustainability and health (SHINE): Harvard School of Public Health, Center for Health and the Global Environment. http:// http://chge.med.harvard.edu/category/corporate-sustainability-and-health-shine |
| Fawcett, Stephen, Jerry Schultz, Jomella Watson-Thompson, Michael Fox and Roderick Bremby. "Peer Reviewed: Building Multisectoral Partnerships for Population Health and Health Equity." <i>Preventing chronic disease</i> 7, no. 6 (2010). |
| "Mobilizing Action Toward Community Health (MATCH)." (2010). Special focus of <i>Preventing Chronic Disease: Public Health Research, Practice, and Policy</i> , 7(6). http://www.cdc.gov/pcd/issues/2010/nov/toc.htm |
| National Business Coalition on Health. "A guide to building a business coalition on health." http://nbch.kma.net/NBCH/files/ccLibraryFiles/Filename/000000000041/guide_to_building_bus_coalition_on_health.pdf |
| National Business Coalition on Health and United Health Foundation. "Community health evaluation: Technical action guide." http://www.nbch.org/nbch/files/ccLibraryFiles/Filename/000000002659/Evaluation%20TAG.pdf |
| National Business Coalition on Health and United Health Foundation. "Community health implementation: Technical action guide." http://www.nbch.org/nbch/files/ccLibraryFiles/Filename/000000002660/Implementation%20TAG.pdf |
| National Business Coalition on Health and United Health Foundation. "Community health planning: Technical action guide." http://www.nbch.org/nbch/files/ccLibraryFiles/Filename/000000002331/NBCH_TAG_F.pdf |
| Roussos, S. T., & Fawcett, S. B. (2000). A review of collaborative partnerships as a strategy for improving community health. <i>Annual review of public health</i> , 21(1), 369-402. |
| Shortell, Stephen, M. et al. (2002). Evaluating partnerships for community health improvement: Tracking the footprints. <i>Journal of Health Politics, Policy and Law</i> , (27)1. |
| The art of health promotion, ideas for improving health outcomes (newsletter) |

Business Exemplars

Although there are numerous examples of businesses engaged in activities that extend beyond the workplace setting, there are fewer involved in larger-scale population health approaches where information on the efforts are systematically documented and monitored with clear indicators and outcomes for success. Kaiser Permanente is a leader in the field for engaging in a broad range of health activities and scientific studies; however, longer-term health outcome studies were not identified. Both Dow Chemical and Healthways in their Blue Zone Project (referenced above) have taken leadership roles in developing frameworks and templates for gathering short- and long-term outcome data that may serve as models for moving forward. Healthways in their collaboration with Gallup have taken this one

step further and have developed statistical models and an interactive software platform that predicts changes in population health (Gallup-Healthways Well-Being Index®).

Snapshots of the following programs and initiatives that businesses are engaged in can be found in the Appendix C. These are companies highlighted:

- Blue Cross Blue Shield of Omaha
- Dow Chemical
- DTE Energy
- General Electric
- HealthPartners
- Kaiser Permanente
- Nike
- Target
- Walt Disney
- Walmart
- Wellmark

BUSINESS CASE

Improving health is a business imperative that is in alignment with corporate priorities for competitive businesses today. The high cost of health care has led to social capital erosion whereby fewer dollars are able to be spent on other societal priorities such as education, infrastructure, and livable wages, among others. Business can play a pivotal role in reshaping the current economic landscape through strategic partnerships and leveraging of resources.

The results of the environmental scan reveal that there are many businesses already engaged in programs and initiatives that address population health. The literature review and key informant interviews were able to uncover a number of key levers and drivers that are important to making the business case for engaging in population health efforts. Commonly stated reasons include: (a) enhanced reputation in the community as good corporate citizens; (b) cost savings that would increase over time; (c) job satisfaction; (d) healthier, happier and more productive employees; and (e) healthy vibrant communities that draw new talent and retain current staff (refer to sidebar for more examples). A few of these factors are highlighted and discussed in more detail below.

Natural Extension of Current Work in Workplace Wellness

The value proposition for business investment in population health is that “investment today will lead to economic benefits and a competitive edge tomorrow” (Webber, 2011). In his article on the role of business in health, Andrew Webber (2011) further points out that where we are today is a function of historical factors that began decades ago with occupational health and safety occurring first, when businesses had to invest, as part of a regulatory requirement to meet minimum standards for safe working environments, in the health of their workforce due to the high direct costs of sick or injured employees. Once they recognized the advantages of this investment, they began to create “cultures of workplace health.” Workplace safety remains a key issue today in workplace health programs.

WHY INVEST

- Improve health of family members to further reduce health care costs
- Influence other levers and drivers of health care costs beyond workplace setting (e.g. quality, accountability, cost)
- Enhance reputation
- Engage in economic development that stimulates new business and increases sales for current business
- Create a vibrant, safe community to draw new talent and retain current workforce

In response to growing health care costs, coalitions of businesses began to form over the last several decades, and collectively they were able to bargain and engage in value-based purchasing. Today with the ACA, we are in a position to reevaluate, given that a major component of the health care system (e.g., hospitals, clinics) have been mandated

to reach and engage their communities and to monitor progress. The timing is right to merge these efforts. There are already examples of this underway in many parts of the country, partly driven by the existing efforts of the business coalitions. The strengths that a business coalition can bring to a planning table on addressing population health are enormous, far beyond their ability to provide funding. Businesses involved in these coalitions can bring to the table the wealth of knowledge gained from engaging in workplace health initiatives that have the potential to extend to population health efforts. As one prominent business thought leader noted, whose company is involved in large-scale population health initiatives that reach out and engage other businesses to become involved in community partnerships, a critical element is the engagement of C-suite. Without buy-in from the CEO level many of these efforts fade, are not funded, and/or there are no measures of accountability.

THE CRITICAL ELEMENT IN THESE EFFORTS IS ENGAGEMENT AT THE CEO LEVEL. IT IS A LEADERSHIP CALL.

- *THOUGHT LEADER*

Cost Savings

A general view that has been articulated in this review is that investment in population health activities today lead to cost savings to businesses tomorrow. The way in which these cost savings may manifest will vary by business. It is useful to this discussion to think of three types of businesses that might be impacted: (1) those that address health (e.g., health care industry); (2) non-health care/health related (e.g., music industry); and (3) those that influence health (e.g., food and beverage, tobacco). The largest cost savings may occur for businesses that provide products or services directly linked to positive health outcomes (e.g., health care industry). Businesses that are not within the health care/health-related landscape will most likely benefit over time if they currently have high health care costs due to their employee health status. However businesses that potentially negatively affect health have the biggest challenges ahead. The rationale for business to invest in population health must include a thoughtful analysis of the potential benefits and risks. Key to this is an understanding of the relationship between the investment in health and the viability and sustainability of corporate business models (Figure 4). Any shifts in the value chain (R&D → manufacturing → sales → product use → disposal) may generate an imbalance and reconsideration of risk to cost. For example, if a food company invests in healthier products with shortened shelf time but has to use new packaging materials that are more costly to ensure it is biodegradable, they may risk a financial loss.

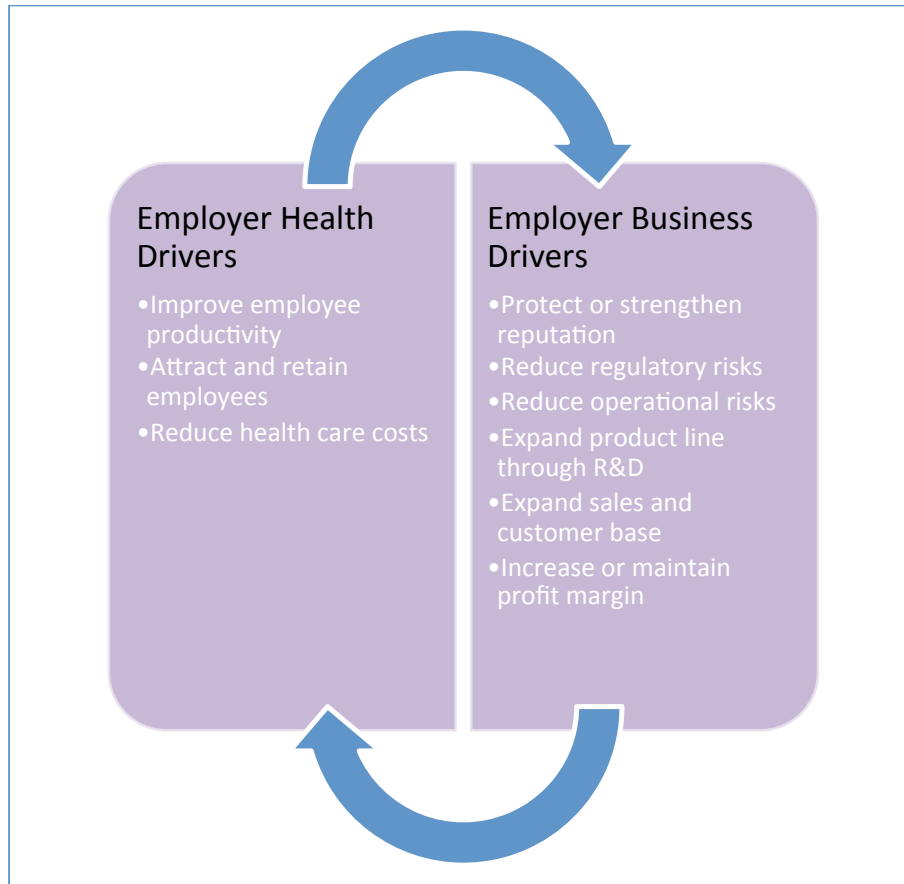


Figure 4: Relationship between health and business drivers

The cost savings to businesses will increase over time as they extend beyond the workplace to include programs and services for families (spouses, children) if they are not already doing so. The leveraging of community partnerships through business and community coalitions is an important cost-effective strategy that will maximize gains.

Businesses as Knowledge Base

Beyond consideration of profit margin and value chain, there are many ways in which businesses can be engaged in population health efforts. By design, large businesses function as small communities with ecosystems. They have internal and external functions that allow them to interface with the broader communities that surround them. For example, there are divisions or departments that focus on internal functioning (strategy, R&D, finance, HR, facilities). Taken together, these departments provide direction, policy, management, structure, funding and housing—something like a family household. The departments and divisions that address external relations (e.g., community relations, corporate foundations, government relations, marketing/communications) are analogous to how a family interfaces with society. It is a natural extension to think about how the structure, function, and

knowledge base within the corporate world might be beneficial to improving population health. With respect to internal functions, it makes sense that workplace health should be woven into the goals, objectives, and overall division/department strategy. The role of external relations may be more important as these departments are already skilled at working with diverse stakeholders. As will be discussed next, as businesses shift towards addressing population health, there is the potential for engagement by both internal functions and external relations through a variety of activities, beyond serving as a funding stream.

Role of Business in Population Health

The socioecological model of health that incorporates behavioral, social, and environmental determinants is the preeminent model for addressing public health. When it incorporates a theory of change it is the ideal framework for addressing risk factors and disease that are highly prevalent in the population (refer to Figure 5). Businesses, through their workplace wellness initiatives, are addressing the same risk factors and diseases that are highly prevalent in society today (with mental health and musculoskeletal disease emphasized). The underlying premise of the socioecological model is that individuals and their susceptibilities (intrapersonal factors including genetic and environmental susceptibilities) are at the core of health status. Individuals live in families that influence their behaviors such as foods that are purchased and eaten (interpersonal factors) as well as access to health care and preventive services. Individuals and their family members live in communities that are influenced by external factors such as the institutions they interface with (e.g., schools, workplaces, health care). Institutions, individuals, and families are all influenced by policies that shape the functioning of society. Taken together, all of these factors influence health status. While many of these risk factors and diseases are addressed by the public health and health care systems, incorporating businesses into a population health framework where these systems interact and work together makes sense.

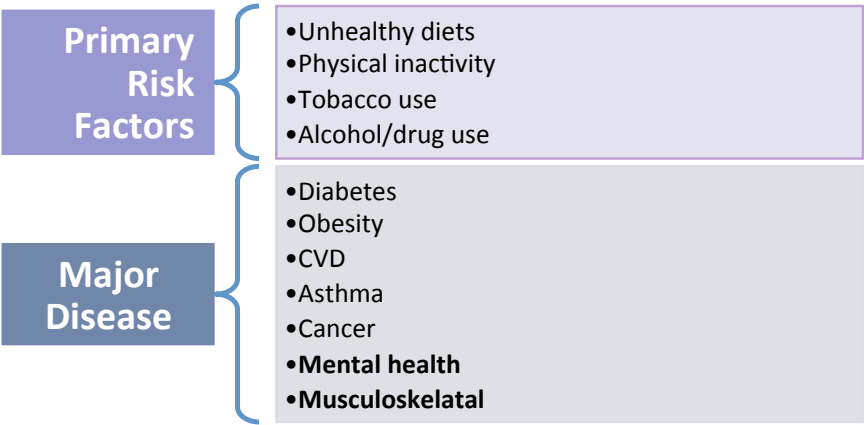
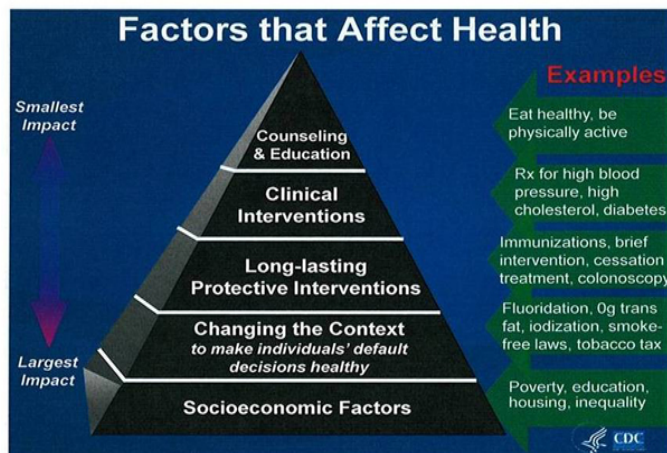


Figure 5: Risk factors and disease highly prevalent in the population

Population Health Strategies

The types of health interventions that businesses and communities could invest in include, but are not limited to, those that address health behaviors as well as social and environmental determinants. These examples can also be mapped back onto the socioecological model of health (Figure 6 and Table 3).

How Do We Improve Health?



Agency for Toxic Substances and Disease Registry, 2010

Figure 6: Factors important for improving population health

Examples of population health strategies include:

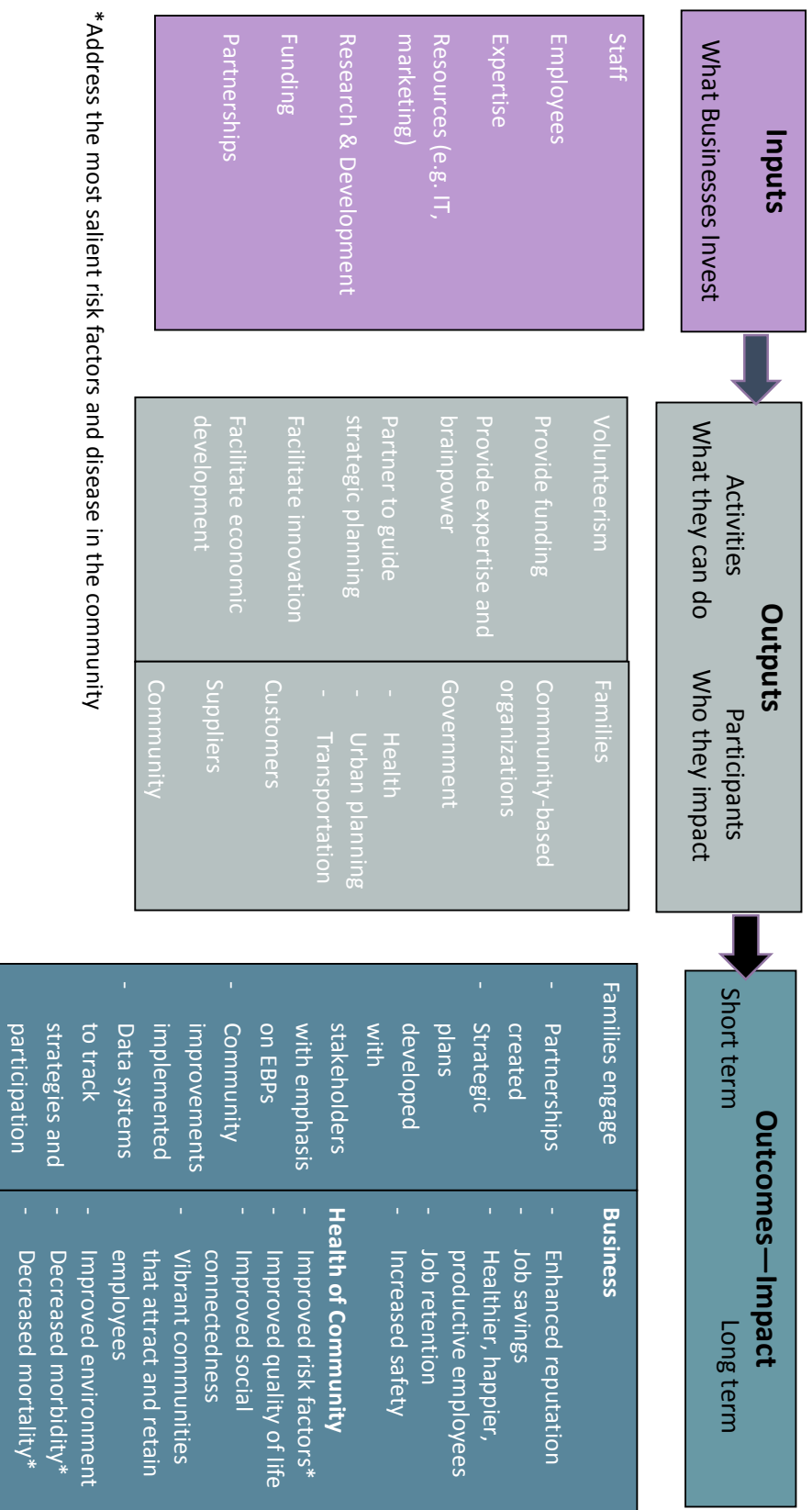
- A. Health Behaviors (promoting)
 - Immunization
 - Promoting responsible alcohol use
 - Create tobacco-free communities
 - Promoting physical activity
 - Promoting healthy eating
- B. Social Determinants (investing)
 - Economic development
 - Education
 - Jobs
 - Financial stability
 - Crime and safety
 - Family social support
- C. Environmental Determinants (addressing)

- Urban revitalization (e.g., parks, gardens, bike lanes)
- D. Pollution/air quality, traffic congestion, water quality, noise
- E. Psychosocial factors (e.g., cultural and/or linguistic barriers, social norms)

Table 3: Socioecological Model of Health and the Role of Business

| Socioecological Model | Potential Business Role |
|---|--|
| Intrapersonal Factors Individual characteristics that influence behavior (e.g., knowledge, attitudes, beliefs, personality traits) | <ul style="list-style-type: none"> • Routine screening and assessments for those at risk • Evidence-based workplace health programs |
| Interpersonal Factors Family, friends, and peers that provide social identity, support, and role definitions | <ul style="list-style-type: none"> • Evidence-based workplace health programs extended to family members and to community (if feasible) |
| Institutional Factors Rules, regulations, policies, informal structures | <ul style="list-style-type: none"> • Workplace safety and health • Knowledge and expertise made available to community |
| Community Factors Social networks, norms, standards that exist among individuals, groups, organizations | <ul style="list-style-type: none"> • Provide expertise on customers and consumers |
| Policy Factors Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, treatment, and control | <ul style="list-style-type: none"> • Work with community partners to identify policies, practices, and innovation to address continuum of disease |

The definition of population health used in this report includes the interaction between the community and public health and health care systems. To meet the definition used by Kindig and Stoddard (2003), it is important to also consider health outcomes of populations. While there are many examples of businesses engaged in population health activities, it is only recently that attention has been directed towards outcome assessment. In the environmental scan Dow Chemical and Healthways (Blue Zones Project) were used exemplars of community engagement and planning using data-driven approaches. Through a strategy that uses partnership consensus building, strategic plans can be developed that include coordinated efforts to address major public health issues. This is an important component of a plan to move forward to systematically assess the role and effectiveness of business involvement in population health. The logic model below presents the key inputs, outputs, activities, and outcomes necessary to track and monitor the benefits of this strategy.



*Address the most salient risk factors and disease in the community

Figure 7: Logic model for business investment in population health

SUMMARY

The results of the environmental scan have revealed that there are many stakeholders engaged in population health efforts reflecting a broad range of sectors including the government, nongovernmental organizations and associations, universities, foundations, and business/industry (beyond health care). There is a substantial platform to build upon with respect to understanding the role that business may take in addressing population health. Businesses have a history of addressing the complexity of health care by responding through the lens of cost savings and corporate bottom line. Businesses have had to create strategic partnerships to engage in value purchasing. Moreover, businesses recognize the value of investing in the health of their communities and workforce to protect their future. Correspondingly, there is a great deal that public health and the health care industry can learn from business that will avoid duplication of efforts and redundancy, reinforce results-based accountability, and lead to cost savings. Strategic partnerships between businesses and those engaged in population health are now particularly important given the ramp up of activities related to the ACA and triple bottom line (i.e., economic, social, and environmental success).

The literature review revealed a paucity of scientific literature demonstrating the role or impact of business on population health. Any literature that does exist focuses primarily on the return on the investment for employee health programs. Over the last decade there have been enormous strides within the business community directed towards improving employee health through: (1) developing strategies to engage leadership including C-Suite and across the value chain; (2) identifying and implementing evidence-based workplace interventions; 3) developing and tracking metrics to assess efficacy and utilization; and 4) testing performance incentives. RAND (Mattke et al., 2013) recently published a Workplace Wellness Programs Study that presented on a variety of workplace health programs. While it is conceivable that some of these programs might be useful to population health efforts, additional strategies are warranted that extend beyond individual health management programs (e.g., targeted interventions in the workplace) to more broad scale group based programs in the community (e.g., universal interventions).

The key informant interviews with thought leaders provided a foundation for the development of the business case and logic model. A critical point emphasized was the importance of engaging C-Suite in order to ensure success. The interviews provided insight and examples into the challenges that lay ahead. Interestingly, by the final interview, the patterns of responses were so similar, that no further knowledge was gained.

The case studies presented are only snapshots of the current work in the field. They have illustrated that business can play a leadership role providing input and guidance on the design, implementation, and development of metrics for population health efforts. However, there remain several weaknesses in our knowledge base that need to be addressed before designing and engaging in short- or long term research studies on the role and effectiveness of business in improving population health. In 2008 a new School of Population Health emerged

at Thomas Jefferson University, the first of its kind to focus on population health specifically, filling a gap with respect to training new leaders in this area and engaging in long term research studies.

The scan also revealed that there is a need to understand the breadth and depth of activities that corporate America is currently engaged in outside of the workplace given that these activities are not always systematically documented. This is just the beginning. While there are several larger-scale community initiatives presented in this report, as raised during the key informant/thought leader interviews, there are many others that have not been identified through traditional Internet-based information channels. This may include the type of work currently done by the external influencers such as CSR, foundations, government relations, and marketing/communication departments within companies. This information needs to be collated on a national basis and best case examples identified. Another potential gap is an understanding of the intellectual capital that is contained within the business sector and how that might be harnessed to address population health. As raised in this review there are several examples of large companies with highly skilled medical staff that are thought leaders in this field whose knowledge needs to be consolidated. Finally, there is a need to develop a common language and framework that can be shared with the business community that will provide clear definitions of population health, what evidence-based strategies exist, as well as the corresponding metrics to track, so that they are in a better position to determine how to best use their resources.

REFERENCES

- Agency for Toxic Substances and Disease Registry. 2010. Orientation session summary: Tribal consultation advisory committee (TCAC) meeting. Washington, DC: Department of Health and Human Services.
- APHA (American Public Health Association). 2012. *The Prevention and Public Health Fund: A critical investment in our nation's physical and fiscal health*. Washington, DC: American Public Health Association Center for Public Health Policy.
- APHA. 2013. *National public health week-public health is ROI: Save lives, save money*. <http://www.youtube.com/watch?v=B5M9JefYxJI> (accessed January 28, 2014).
- CDC (Centers for Disease Control and Prevention). 2013. *Healthy communities program overview*. <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/overview/index.htm> (accessed January 28, 2014).
- ChildObesity180. 2013. *The epidemic*. <http://www.childobesity180.org/epidemic> (accessed January 28, 2014).
- CommonHealth ACTION. 2012. *The Well Community Project: Moving beyond health. Addressing the missing dimension*. Washington, DC: CommonHealth ACTION.
- County Health Rankings. 2012. County health rankings model. <http://www.countyhealthrankings.org/resources/county-health-rankings-model> (accessed January 28, 2014)
- De Vol, R., A. Bedourssian, A. Charuwarn, A. Chatterjee, K. Kim, and K. Klowden. 2007. *An unhealthy America: The economic burden of chronic disease -- charting a new course to save lives and increase productivity and economic growth*. Santa Monica, CA: Milken Institute.
- Eccles, R. G., I. Ioannou, and G. Serafeim. 2012. The dollar payoff from CSR and sustainability. *Strategy + Business*, January 13, 2012.
- Fawcett, S., J. Schultz, J. Watson-Thompson, M. Fox, and R. Bremby. 2010. Building multisectoral partnerships for population health and health equity. *Preventing Chronic Disease* 7(6):A118.
- Healthy Weight Commitment Foundation. 2013. *Lower calorie foods drive sales: Infographic*. http://www.healthyweightcommit.org/news/lower_calorie_food_drive_sales_infographic (accessed January 28, 2014).
- Kindig, D., and G. Stoddart. 2003. What is population health? *American Journal of Public Health* 93(3):380-383.
- Kindig, D. A., G. J. Isham, and K. Q. Slemering. 2013. *The business role in improving health: Beyond social responsibility*. Washington, DC: Institute of Medicine.
- Mattke, S., H. Liu, J. Caloyeras, C. Y. Huang, K. R. Van Busum, D. Khodyakov, and V. Sheir. 2013. *Workplace wellness programs study*. Santa Monica, CA: RAND Corporation.
- NBCH (National Business Coalition on Health). 2013. *NBCH action brief: Community health*. Washington, DC: National Business Coalition on Health.
- NBCH and CCHI (National Business Coalition on Health, and Community Coalitions Health Institute). 2012. *Tools and information for community health partnerships*. Washington, DC: National Business Coalition on Health.
- National Prevention Council. 2011. *National prevention strategy: America's plan for better health and wellness*. Rockville, MD: Office of the Surgeon General.
- OECD (Organisation for Economic Co-operation and Development). 2013. *Health data 2013*. <http://www.oecd.org/health/health-systems/oecdhealthdata2013-frequentlyrequesteddata.htm> (accessed January 28, 2014).
- Partnership for Prevention. 2013. *Worksite health*. <http://www.prevent.org/Topics/Worksite-Health.aspx> (accessed January 28, 2014).
- PHI (Public Health Institute). 2013. *Prevention means business*. <http://www.phi.org/resources/?resource=prevention-means-business> (accessed January 28, 2014).
- RWJF (Robert Wood Johnson Foundation). 2013. *Our approach*. <http://www.countyhealthrankings.org/our-approach> (accessed January 28, 2014).

- The Henry J. Kaiser Family Foundation. 2013. *2013 employer health benefits survey*. Menlo Park, CA: The Henry J. Kaiser Family Foundation.
- U.S. Chamber of Commerce. *Health care solutions from american industry: The path forward for us health reform*. Washington, DC: U.S. Chamber of Commerce.
- Webber, A. 2011. Businesses as partners to improve community health. *American Journal of Preventive Medicine* 40(1, Supplement 1):S84-S85.

Appendix A

SNAPSHOTS OF FOUNDATIONS WORKING IN EMPLOYER-COMMUNITY HEALTH

Aetna Foundation



| | |
|---|---|
| Overview | Established in 1972, the Aetna Foundation has a long tradition of giving and community support and has contributed more than \$427 million in grants and sponsorships. The Aetna Foundation's core focus areas are obesity, racial and ethnic health care equity, and integrated health care. |
| Primary Goal/Mission | To promote wellness, health, and access to high-quality health care for everyone, while supporting the communities we serve |
| Programs/Campaigns | |
| <p>Examples of grants Aetna Foundation would support include:</p> <ul style="list-style-type: none"> • Projects and studies that identify causes of obesity and potential best practices for addressing obesity, such as: <ul style="list-style-type: none"> ○ Domestic food policies and their impact on individual food choices ○ The impact of our neighborhoods and the "built environment" on promoting population health and weight loss ○ Assessments of why communities with high rates of food insecurity also are more likely to experience high rates of obesity ○ How children use recreation time ○ How school lunch and food policies affect our children • Explore how a stronger primary care model and relationships with providers could benefit minority populations and close the persistent health care gap. • Help providers who treat large minority populations become leaders in delivering high-quality care. • Determine what can be done to reduce the numbers of low-birth weight babies born to mothers at risk. • Examine, through observational studies, the correlation between a mother's health, stress level, and social supports, and the likelihood of having a healthy baby who lives through its first year of life. • Determine, through interventional studies, whether stress-reduction programs (including yoga and meditation) can improve health outcomes for minority patients with chronic conditions, as well as postnatal outcomes for mothers and pregnant women. • Develop standards and metrics of care coordination in ambulatory care settings. • Evaluate models of care coordination that enhance providers' communication with each other and with their patients and lead to improved patient outcomes and experiences with their care. • Evaluate methods of care coordination for engaging patients as partners in their care, particularly in the management of chronic conditions. • Identify best practices to align financial and other incentives for achieving well-coordinated care. • Identify and assess models of care coordination that reduce the cost of care while improving patient health outcomes. | |
| Impact | <p>Links to reports</p> <p>http://www.aetna-foundation.org/foundation/aetna-foundation-programs/program-impact/index.html</p> |
| Reports/Case Studies | <p>Recent grant recipients</p> <p>http://www.aetna-foundation.org/foundation/recent-grants/index.html</p> |

| | |
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| | Recent community-based grants http://www.aetna-foundation.org/foundation/recent-grants/projects-by-program-area/obesity.html |
| Social Media Sites | N/A |
| Website and Contact Information | http://www.aetna-foundation.org/foundation/index.html |

The California Endowment

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| Overview | The California Endowment is a private, statewide health foundation that was established in 1996. |
| Primary Goal/ Mission | To expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians |
| Programs/Campaigns | |
| <ul style="list-style-type: none"> • Health Happens in Neighborhoods (Junk Drinks and Junk Foods, Places to Walk and Play, Safe Streets) • Health Happens with Prevention (Encouraging Enrollment Through the ACA, Helping Small Businesses Implement the ACA, Giving Rise to Healthier Communities) • Health Happens in Schools (Healthier School Foods and Beverages, All Aboard the School Success Express, Exercise During the School Day, Social-Emotional Health for Students) • Health Happens with Action • Health Happens with all Our Sons and Brothers • Building Healthy Communities <p>A 10-year, \$1 billion comprehensive community initiative that is creating a revolution in the way Californians think about and support health in their communities. In 14 places across California, residents are proving they have the power to make health happen in their neighborhoods and schools through prevention—and in doing so, they are creating a brighter future for their children and for their state.</p> | |
| Impact | Outcomes for Evaluation BHC Impact http://www.calendow.org/uploadedFiles/Health_Happends_Here/FourBigResultsUpdate8_06_09.pdf |
| Reports/ Case Studies | BHC Profile of Advocacy Progress http://www.calendow.org/uploadedFiles/Learning/Profile%20of%20Advocacy%20Progress_TCE%20Board%20Report%20FINAL%204-18-13%20(2).pdf BHC Youth Program Indicator Survey http://www.calendow.org/uploadedFiles/BHC%20Youth%20Program%20Inventory%20Report%202013.pdf Case Studies and Learning Briefs http://www.calendow.org/case_studies.aspx Samuels, S. E., Craypo, L., Boyle, M., Crawford, P. B., Yancey, A., & Flores, G. (2010). The California Endowment's healthy eating, active communities program: A midpoint review. <i>American Journal of Public Health</i> , 100(11), 2114-2123. |
| Social Media Sites | https://www.facebook.com/CalEndow https://twitter.com/calendow_here https://www.pinterest.com/calendow/ https://www.youtube.com/healthhappenshere |
| Website and Contact Information | http://www.calendow.org/ Grant Inquiries Email: tcegrantreports@calendow.org |

GENYOUth Foundation



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| Overview | GENYOUth was founded through an unprecedented public-private partnership with the National Dairy Council (NDC) and the National Football League (NFL) committed to child health and wellness |
| Primary Goal/Mission | Inspire and educate youth to improve their nutrition and increase physical activity |
| Programs/Campaigns | <ul style="list-style-type: none"> Fuel Up to Play 60 <ul style="list-style-type: none"> In school physical activity and nutrition program Town Halls <ul style="list-style-type: none"> Local events conceived as grassroots extensions of GENYOUth's national Leadership Roundtables to identify and activate ideas and solutions on a local level AdVenture Capital <ul style="list-style-type: none"> Inspire, empower, and fund youth-driven initiatives that improve nutrition, physical activity, and student achievement in schools and communities. By applying the principles of entrepreneurial investment to the challenge of school wellness, students "pitch" their ideas to business leaders for potential funding and implementation Citizen YOUth <ul style="list-style-type: none"> Hub for students, and the overall community to take an active role in creating change |
| Impact | <ul style="list-style-type: none"> Fuel Up to Play 60 is currently active in more than 70,000 schools with the potential to reach 36.6 million students nationwide <p>Link to Wellness Impact Report http://www.genyouthfoundation.org/wp-content/uploads/2013/02/The_Wellness_Impact_Report.pdf</p> |
| Reports/Case Studies | http://fueluptoplay60.com/SuccessOverview/ |
| Social Media Sites | https://www.facebook.com/genyouthfoundation?sk=wall https://twitter.com/GenYOUthnow http://www.youtube.com/genyouthfoundation http://www.pinterest.com/genyouth/ |
| Website and Contact Information | http://www.genyouthfoundation.org/ INFO@GENYOUTHFOUNDATION.ORG |

| | |
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| Overview | The W.K. Kellogg Foundation (WKKF), founded in 1930 as an independent, private foundation by breakfast cereal pioneer Will Keith Kellogg, is among the largest philanthropic foundations in the United States. Guided by the belief that all children should have an equal opportunity to thrive, WKKF works with communities to create conditions for vulnerable children so they can realize their full potential in school, work, and life. |
| Primary Goal/Mission | The W.K. Kellogg Foundation supports children, families, and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society. |
| Programs/Campaigns | <p>The W.K. Kellogg Foundation organizes their work and investments toward attaining three strategic goals:</p> <ul style="list-style-type: none"> • Educated Kids: Increase the number of children who are reading-and-math proficient by third grade. • Healthy Kids: Increase the number of children born at a healthy birth weight and who receive the care and healthy food they need for optimal development. • Secure Families: Increase the number of children and families living at least 200 percent above the poverty level. <p>Within and around each goal are commitments to Community & Civic Engagement and Racial Equity.</p> <p>In 2008, the foundation began concentrating up to two-thirds of its grants in several priority places, in the United States these are:</p> <ul style="list-style-type: none"> • Michigan, Mississippi, New Mexico and New Orleans |
| Impact | N/A |
| Reports/Case Studies | <p>2012 Annual Report http://www.wkkf.org/resource-directory/resource/annual-reports/2012-w-k-kellogg-foundation-annual-report</p> <p>Database of grants awarded http://www.wkkf.org/grants</p> |
| Social Media Sites | https://www.facebook.com/WKKelloggFoundation https://www.facebook.com/foodandcommunity https://www.youtube.com/kelloggfoundation https://twitter.com/wk_kellogg_fdn |
| Website and Contact Information | http://www.wkkf.org/grantseekers |



| | |
|---|---|
| Overview | The RWJF is the nation's largest philanthropy devoted exclusively to health and health care. The foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable, and timely change. |
| Mission | To improve the health and health care of all Americans |
| Program Areas | <ul style="list-style-type: none"> • Obesity <ul style="list-style-type: none"> ○ School foods and beverages ○ Physical activity at school ○ Pricing strategies ○ Healthy affordable food ○ Physical activity in communities ○ Marketing to kids • Coverage • Human capital • Pioneer • Public health • Quality/equality • Vulnerable populations |
| Impact | <p>RWJF invests \$20 million per year on evaluation of their programs. Their database can be searched here http://www.rwjf.org/en/research-publications/assessing-our-impact/program-results.html</p> <p>Signs of Progress in Childhood Obesity http://www.rwjf.org/content/rwjf/en/research-publications/find-rwjf-research/2013/09/signs-of-progress.html</p> |
| Examples of Relevant RWJF-Funded Resources | <p>"A New CSR Frontier: Business and Population Health Mobilizing CSR to Strengthen Corporate Engagement on Health and Wellness across the Value Chain"</p> <p>http://www.bsr.org/reports/BSR_A_New_CSR_Frontier_Business_and_Population_Health.pdf</p> <p>Miller W, Simon P, Maleque S, eds. (2009) Beyond health care: New directions to a healthier America. Washington DC: Robert Wood Johnson Foundation Commission to Build a Healthier America. http://www.commissiononhealth.org/Report.aspx?Publication=64498</p> <ul style="list-style-type: none"> • Includes "Action Steps for Employers and Businesses" p.106 <p>Additional Commission to Build a Healthier America publications http://www.commissiononhealth.org/Publications.aspx</p> <p>County Health Rankings & Road Maps www.countyhealthrankings.org. Healthy Kids, Healthy Communities http://www.healthykidshealthycommunities.org/</p> |
| Social Media Sites | <p>https://www.facebook.com/RobertWoodJohnsonFoundation</p> <p>https://twitter.com/@RWJF</p> <p>https://www.youtube.com/user/rwjfvideo</p> <p>http://www.rwjf.org/en/rss.html</p> <p>http://www.rwjf.org/en/blogs.html</p> |
| Website and Contact Information | http://www.rwjf.org/ |

Appendix B

Snapshots of Multistakeholder Coalitions Involved in Community Health

Blue Zones Project



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| Overview | The Blue Zones Project by Healthways is a community well-being improvement initiative designed to make healthy choices easier through permanent changes to environment, policy, and social networks. The Blue Zones Project is inspired by research about the regions of the world with the highest concentrations of centenarians (people who live to be 100 years or older). There are five Blue Zones regions: Loma Linda, California; Okinawa, Japan; Nicoya, Costa Rica; Sardinia, Italy; and Ikaria, Greece. The Blue Zones Project environmental approach to well-being improvement uses tools based on nine healthy lifestyle habits shared by the people living in the original Blue Zones areas. |
| Primary Goal/Mission | To lead and ignite community-by-community well-being transformation, where people live and work together in Blue Zones Communities for a better life. |
| Programs/Campaigns | |
| Blue Zones has selected 12 communities as demonstration sites in Iowa. The initiative is now expanding into California, Texas, and Hawaii. To become a certified Blue Zones Community: | |
| <ul style="list-style-type: none"> • At least 20% of citizens must sign the Personal Pledge and complete one action, • At least 25% of public schools must become a Blue Zones School, • At least 50% of the top 20 community-identified employers must become a Blue Zones Worksite, • At least 25% of independently or locally owned restaurants must become a Blue Zones Restaurant, • At least 25% of grocery stores must become a Blue Zones Grocery Store, and • The community must complete the Blue Zones Community Policy Pledge. | |
| Impact | |
| The results of a 1-year pilot project in Albert Lea, Minnesota, include: | |
| <ul style="list-style-type: none"> • An average weight loss of 2 pounds for participating residents • An increase in average life expectancy of 2.9 years • A 20% reduction in absenteeism for top local employers • Active participation from 60% of the city's local restaurants, 51% of its largest employers, 100% of its schools, and 27% of its citizens <p>In Iowa, the Blue Zones Project will now include 10 demonstration sites with populations greater than 10,000 citizens, and at least 20 additional communities with populations less than 10,000. Community progress will be tracked by the Gallup-Healthways Well-Being Index, a measure of U.S. residents' daily health and well-being. For more information, please visit http://www.healthways.com/solution/default.aspx?id=1125.</p> | |

Several communities in Iowa are 1–2 years into their efforts and have measureable changes documented.

Blue Zones Statistics in the United States:

- 173,013 people joined
- 1,141 businesses joined
- 109 schools joined
- 203,431 citizen actions
- 424 events held

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| Reports/Case Studies | Buettner, D. (2012). <i>The Blue Zones: 9 Lessons for Living Longer from the People Who've Lived the Longest</i> . National Geographic Books. |
| Social Media Sites | https://www.youtube.com/user/BlueZonesProject *There are Facebook and Twitter sites as well, but you must be registered. |
| Website and Contact Information | https://www.bluezonesproject.com/ John Werger Community Operations Director Iowa Email: jon.werger@healthways.com Phone: 515.645.5212 |

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| Overview | Experts and leaders from business, academia, nonprofit, and science are coming together, generating urgency, and finding solutions to the childhood obesity epidemic . |
| Primary Goal/Mission | Reach 80% of U.S. children between the ages of 5 and 12 and reverse the trend of the childhood obesity epidemic in a generation's time. |
| Coalition Members | |
| <ul style="list-style-type: none"> David M. Cordani, President and CEO, Cigna Corporation Joseph A. Curtatone, Mayor, City of Somerville, Massachusetts, National League of Cities William H. Dietz, M.D., Ph.D., Retired Director, Division of Nutrition, Physical Activity, and Obesity, Centers for Disease Control and Prevention David Dillon, Chairman and CEO, The Kroger Company Peter R. Dolan, Chair, ChildObesity180 Christina D. Economos, Ph.D., Vice-Chair and Director of ChildObesity180, New Balance Chair in Childhood Nutrition, and Associate Professor at the Friedman School of Nutrition Science and Policy at Tufts University Bob Kocher, M.D., Partner, Venrock; Former Special Assistant to the President, National Economic Council A.D. David Mackay, Retired President and CEO, Kellogg Company; Chair Emeritus, Healthy Weight Commitment Foundation Anne C. MacMillan, Deputy Chief of Staff, United States Department of Agriculture James S. Marks, M.D., M.P.H., Senior Vice President and Director, Health Group, Robert Wood Johnson Foundation H. Melvin Ming, President and Chief Executive Officer, Sesame Workshop Denise Morrison, President and Chief Executive Officer, Campbell Soup Company Miriam E. Nelson, Ph.D., Professor, Friedman School of Nutrition, Tufts University; Co-Founder and Senior Advisor, ChildObesity180 Neil Nicoll, President and CEO, YMCA of the USA Dwayne Proctor, Ph.D., MA, Director, Childhood Obesity Team Director and Senior Program Officer, Robert Wood Johnson Foundation Maya Rockey Moore, Ph.D., President and CEO, Global Policy Solutions Mary Story, Ph.D., RD, Professor, Division of Epidemiology and Community Health; Associate Dean, School of Public Health, University of Minnesota; Adjunct Professor, Department of Pediatrics, University of Minnesota Dawn Sweeney, President and CEO, National Restaurant Association and National Restaurant Association Educational Foundation Arturo Vargas, Executive Director, National Association of Latino Elected and Appointed Officials Jake Winebaum, Founder and CEO, Brighter.com Matthew Yale, Vice President, Corporate Communications, Laureate Education; Former Deputy Chief of Staff, United States Department of Education | |
| Programs/Campaigns | <p>Multisectoral leadership and collaboration, with businesses directly involved in the funding and implementation of Child Obesity 180's:</p> <ul style="list-style-type: none"> Breakfast Initiative Active Schools Acceleration Project Restaurant Initiative Healthy Kids Out of School |
| Impact | <ul style="list-style-type: none"> Breakfast Initiative: <ul style="list-style-type: none"> 450,000 children participating in breakfast in the classroom Active Schools Acceleration Project: <ul style="list-style-type: none"> \$1 M in grants awarded to 1,000 schools nationwide, and each school will launch a new physical activity program next year |

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| | <ul style="list-style-type: none"> ○ 400,000 children participating in school physical activity programs • Restaurants Initiative: <ul style="list-style-type: none"> ○ 20 industry leaders convened to develop and execute strategies so the restaurant industry can be part of the solution to childhood obesity. |
| Reports/Case Studies | Committed to evidence-based approach, library includes links to peer-reviewed journals and videos http://www.childobesity180.org/library |
| Social Media Sites | https://twitter.com/ChildObesity180 |
| Website and Contact Information | http://www.childobesity180.org/ Phone: 617.636.3563 |

Community Coalitions Health Institute



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| Overview | (CCHI) is a nonprofit affiliate organization of the National Business Coalition on Health (NBCH). |
| Primary Goal/Mission | Improving health and transforming health care, community by community |
| Programs/Campaigns | <ul style="list-style-type: none"> • Coalition Seed Grant Program CCHI has issued seed grants to nearly half of the NBCH coalition members. Grant areas include adult immunization, diabetes programs, community health planning, and community health partnership • Community Health Partnerships Project 5-year grant from the CDC seeks to strengthen existing relationships and catalyze new partnerships between NBCH member coalitions and state and local public health agencies across the United States • Community Health Planning Seed Grant Six NBCH communities received grants funded by United Health Foundation and the lessons learned and best practices were developed into a library of Community Health Planning Resources (see gray literature table for document descriptions) |
| Impact | N/A |
| Reports/Case Studies | <ul style="list-style-type: none"> • Community Health Planning Resources http://www.nbch.org/Community-Health-Planning-Resources • Case Studies http://www.nbch.org/Case-Studies |
| Social Media Sites | N/A |
| Website and Contact Information | <p>Community Coalitions Health Institute 1015 18th Street, NW Suite 730 Washington, DC 20036 202.775.9300 (p) www.nbch.org/cchi Karen Linscott Chief Operating Officer, NBCH 202.775.9300 x17 Alejandra Herr Director of Grants and Programs, NBCH 202.775.9300 x15 aherr@nbch.org</p> |

Healthiest State Initiative



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| Overview | The Healthiest State Initiative is a privately led public initiative intended to inspire Iowans and their communities throughout the state to improve their health and happiness. To achieve our goal, individuals, families, businesses, faith-based organizations, not-for-profits, and the public sector will unite in a community-focused effort to make Iowa the healthiest state in the nation by 2016. To measure progress, the Gallup-Healthways Well-Being Index will be used, which track six areas, or “domains,” that comprise well-being. |
| Primary Goal/Mission | To make Iowa the healthiest state in the nation by 2016. |
| Businesses Actively Involved in HSI | Hy-Vee Inc. and Wellmark, Inc. |
| Programs/Campaigns | |
| <ul style="list-style-type: none"> • Healthy for the holidays Tools and resources to facilitate healthy choices at home and at the workplace during the holiday season • Healthiest state walk Individual and organized walk commitments, including contests • Blue Zones Project • Focus 5 The HSI has identified five priorities for Iowa to focus on over the next few years. <ul style="list-style-type: none"> ○ Decreasing the number of Iowans who smoke ○ Increasing consumption of fruits and vegetables ○ Increasing the number of Iowans who are learning or doing something interesting daily ○ Increasing the number of Iowans who have visited the dentist in the last year ○ Increasing the number of Iowans who feel their boss treats them like a partner at work <p>Five work groups chaired by leading Iowans have been established to help achieve these goals.</p> | |
| Impact | To measure progress, the Gallup-Healthways Well-Being Index will be used, which tracks six areas, or “domains,” that comprise well-being. For more information, please visit http://www.healthways.com/solution/default.aspx?id=1125 Success Stories http://blog.iowahealthieststate.com/ |
| Reports/Case Studies | HSI Webinar https://www.youtube.com/watch?v=e416hVJmBVM |
| Social Media Sites | https://www.facebook.com/HealthiestIowa https://www.youtube.com/user/HealthiestStateIA https://twitter.com/HealthiestIowa |
| Website and Contact Information | http://www.iowahealthieststate.com/ Liz Cox Email: lcx@hy-vee.com Phone: 515-246-3079 |

Healthy Weight Commitment Foundation (HWCF)



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| Overview | The HWCF is a CEO-led organization that is a coalition of more than 245 retailers, food and beverage manufacturers, restaurants, sporting goods and insurance companies, trade associations and nongovernmental organizations (NGOs), and professional sports organizations. |
| Primary Goal/ Mission | Reducing obesity, especially child obesity, by 2015 |
| Coalition Corporate Members | |
| Anytime Fitness, BioVittoria, Brookshire Grocery Company, Bumble Bee Foods, LLC, Campbell Soup Company, Con Agra Foods, Darden Restaurants, Inc, Festival Foods (Minnesota), Food City, Food Marketing Institute, General Mills, Inc., George Forman, Gladson, Gonzalez Northgate Market, Grocery Manufacturers Association, H&H Products Company, Harris Teeter, Hillshire Brands, Hy-Vee, Inc., IGA, Inc., Jax Markets, Kellogg Company, Kraft Foods, Inc., Mars, Inc., Martin's Super Markets, McCain, McCormick & Company, Inc., Nestlé USA, PepsiCo, Inc., Ralston Foods/Post Foods, LLC, Redner's Markets, Inc., Schnuck Markets, Inc., Shop Rite, Inc., Tate & Lyle, The Coca-Cola Company, The Hershey Company, The J.M. Smucker Company, The Sports Authority, TriWest Healthcare Alliance, Unilever, Wakefern Food Corporation, Wegmans | |
| <ul style="list-style-type: none"> For a full list of associate members please visit http://www.healthyweightcommit.org/supporters/partners/ | |
| Programs/ Campaigns | <ul style="list-style-type: none"> Committed to reducing 1.5 trillion calories in the marketplace by 2015 Together Counts Campaign (http://www.togethercounts.com/) promotes the advantages of family meals and physical activity. The campaign provides participation advice, tools to track progress, and awards and incentives. |
| Impact | <ul style="list-style-type: none"> Together Counts brand consumer reach 573,000,000 Partnered with the number-one US curriculum provider, Discovery Education Reaching 22,000 PTAs comprising 4.3 million members 2,885,816 total website page views 1,591,795 total unique website visits Facebook Fans: 132,475 Twitter Followers: 10,802 Girl Scout partnership reaches over 1.7 million girls and approximately 700,000 mom volunteers |
| Reports/ Case Studies | http://www.healthyweightcommit.org/about/reports_and_case_studies/ <ul style="list-style-type: none"> Elementary school case studies focusing on innovative ways to increase student and family physical activity and improve fruit and vegetable consumption Workplace wellness scorecards Annual reports |
| Social Media Sites | http://blog.togethercounts.com/ https://www.facebook.com/togethercounts https://twitter.com/togethercounts https://plus.google.com/u/0/115811366885803739126/posts http://www.pinterest.com/togethercounts/ http://feeds.feedburner.com/togethercounts/AXDV |
| Website and Contact Information | http://www.healthyweightcommit.org/ Becky Johnson, Senior Director, Strategic Operations Phone: 202.558.4660 Email: bjohnson@healthyweightcommit.org Lisa Guillermin Gable, President |



Lake Nona Life Project (LNLP)

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| Overview | The Lake Nona Life Project |
| Mission | To understand the links between health, wellness, longevity, and quality of life |
| Lake Nona Medical City Residents and Partners | |
| Wellness & Prevention, Inc., a Johnson & Johnson Company (http://wellnessandpreventioninc.com/) Lake Nona Institute (http://www.lakenonainstitute.org/) Cisco Health Systems G Healthcare University of Central Florida University of Florida Florida Blue Sanford Burnham Medical Research Institute Nemours Children's Hospital Orlando VAMC | |
| Programs/Campaigns | |
| <ul style="list-style-type: none"> The Lake Nona Life Project is a registry study that will be open to all members of the Lake Nona, FL, community, including residents, students, and employees that live, study, and work within the Lake Nona community. The Lake Nona Life Project will be a naturalistic prospective community epidemiologic study that evaluates the health and wellness of participants over the course of multiple years, focusing on the links of life experiences with health, wellness, longevity, quality of life, and human performance. The data gathered through this valuable naturalistic community research will provide a rich foundation for additional studies that might subsequently be developed in the population to learn about interventions that can influence the health and well-being of future generations. The study will have at its core an annual de-identified self-report community survey. Consenting respondents will also have their de-identified survey data linked to de-identified medical and pharmacy claims data obtained based on signed informed consent from their health plan. Although there will be no payment to respondents for participating in the study, we plan to offer a number of thank-you gifts to respondents as a way of helping build and maintain rapport. Three types of gifts are currently envisioned, although others may be added over time. The first will be exclusive access to the <i>members-only</i> part of the Lake Nona Life Project website, which will contain diverse kinds of health-related information that participants might find valuable. The second will be the HealthMedia snapshot of the individual's health status and Digital Health Coaching programs to help people change their behaviors (e.g., exercise, weight reduction, smoking cessation). The third will be a series of TBD tests, free medical tests, and monitoring systems, the results of which we will make available to the individual and/or to the individual's physician. Although no final determination has yet been made, included here might be pedometers, smart wrist bands that monitor heart rate and sleep, and possibly even basic blood and urine tests. The overarching goal of the research is to gather information that can be used by researchers to help optimize the health and well-being on people in the general population. | |

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| Impact | <p>Questions to be assessed include such areas as :</p> <ul style="list-style-type: none"> • Sociodemographics and roles • Life experiences (ongoing role experiences, life events) • Personality and lifestyle preferences and behaviors (e.g., religiosity, physical activity, smoking) • Symptom-based physical and behavioral health problems (e.g., insomnia, migraine, depression) • Role performance and quality of life <p>Research questions will include investigations of such topics as:</p> <ul style="list-style-type: none"> • The associations between life experiences and health • The effects of specific health problems on role performance and quality of life • The extent to which the adverse effects of health problems are mitigated by personality, lifestyle preferences, and lifestyle behaviors. |
| Expected launch | Q2 2014 |
| Scientific Advisory Board Members | <p>Gloria Caulfield, Lake Nona Institute Thomas S. Ells, Ph.D., Johnson & Johnson Consumer Steve Gardell, Ph.D., Sanford Burnham Medical Research Institute Kenneth Goldberg, M.D., Orlando VA Medical Center Ronald Kessler, Ph.D., Harvard Medical School Jim Loehr, Ph.D., Human Performance Institute and Wellness & Prevention, Inc. Shawn Mason, Ph.D., Wellness & Prevention, Inc. Velma Monteiro-Tribble, Blue Cross Blue Shield of Florida Foundation Christopher Mosunic, Ph.D., Wellness & Prevention, Inc. Marco Pahor, M.D., University of Florida Surendra Saxena, MBA, Cisco Systems Jim Roycroft, Homeowners Association of North Lake Park, Lake Nona Carmella Sebastian, M.D., Blue Cross Blue Shield of Florida Peter Serpentino, Ph.D., GE Global Research – GE Healthcare Thaddeus Seymour, Jr., Ph.D., Lake Nona Institute Paul Stang, Ph.D., Janssen Pharmaceuticals Kimberly Thompson, Sc.D., University of Central Florida Edward Urdaneta, M.D., McNeil Consumer Healthcare Lloyd Werk, M.D., M.P.H., Nemours Children's Hospital Ben Wiegand, Ph.D., Johnson & Johnson Consumer</p> |
| Social Media Sites | N/A |
| Website and Contact Information | <p>http://lakenonalifeproject.com/ Principal investigator: Shawn Mason, Ph.D. Wellness & Prevention, Inc. 130 South First Street, Ann Arbor, MI 48104 734 369-9047; Smason5@its.jnj.com</p> |

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| Overview | Live Well Omaha is the long-term collaborative effort to improve the overall health of area residents and position Omaha as a thriving community now and well into the future. Members are individuals, organizations, and institutions—including schools, health care professionals, faith-based and community-based organizations, private-sector companies, and officials from all levels of government—who are committed to cultivating a physical and cultural environment that encourages everyone in Omaha and Douglas County to make the healthy choice, at any time, in any place, every time. |
| Primary Goal / Mission | Improve the overall health of area residents |
| Coalition Members | |
| Alegent Health, American Red Cross, AON, Baird Holm Law, LLP, Bland and Associates, Blue Cross and Blue Shield of Nebraska, Boys Town National Research Hospital, Catholic Charities, Carol Russell, Center for Human Diversity, Inc., Charles Drew Health Center, Children’s Hospital & Medical Center, ConAgra, Coventry Health Care, Creighton University, Douglas County Health Department, Dr. Laura Jana, PPC/Primrose School of Legacy, Gallup, Greater Omaha Chamber of Commerce, Healthways, Methodist Health System, Metro Omaha Medical Society, Mutual of Omaha, National Safety Council, Greater Omaha Chapter, Nebraska Center for Healthy Families, Nebraska Orthopedic Hospital, Nonprofit Association of the Midlands, Omaha Public Schools, Omaha Community Foundation, One World Community Health Center, Inc., PRIDE- Omaha, Inc., Primrose School of Legacy, RDG Planning and Design, Sarpy/Cass Department of Health and Wellness, SM Stevens and Associates, LLC, The Nebraska Medical Center, The Trek Store of Omaha, Union Pacific Railroad, UnitedHealthcare of the Midlands Inc., University of Nebraska at Omaha, University of Nebraska Medical Center, United Way of the Midlands, Urban League of Nebraska, Valmont Industries, Inc., Visiting Nurse Association, Wellness Council of the Midlands, Women’s Center for Advancement, YMCA of Greater Omaha | |
| Programs/Campaigns | |
| <ul style="list-style-type: none"> Putting Prevention to Work is an effort to reduce the incidence obesity and chronic disease and make our community the healthiest in the nation. Activities include: <ul style="list-style-type: none"> -Smoke-free options for apartment complexes -Healthy Neighborhood Stores -Farm to Institution -Partners for a Healthy City -Partners for a Healthy City – Schools -Pharmacists and Physicians Live Well Omaha Kids is a community coalition of over 40 community organizations working to achieve measurable improvements in nutrition and physical activity. Activities include: <ul style="list-style-type: none"> - Healthy Families -Child Care Center Learning Collaborative -School Wellness Network -Youth Advisory Council -Breastfeeding -Family Dining Pledge -Active Communities Activate Omaha establishes innovative approaches to increase physical activity through community design and community strategies. It supports active living by promoting changes in urban design, land use, and transportation planning. Activities include: <ul style="list-style-type: none"> -Safe Routes to School -Boltage program (a bike/walk to school incentive) -Summer bike ride program -Summer camp healthy eating/physical activity module for low-income children -Assists mayor’s office in Active Transportation Summit | |

| -Community Gardens | |
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| Impact | |
| <ul style="list-style-type: none"> Online health indicator site www.douglascohealth.org <p>Putting Prevention to Work:</p> <ul style="list-style-type: none"> Initiating Farm-to-School programs in three schools and online Farm-to-School tool kit Seven new school gardens in Omaha Public Schools Facilitating policy that allows for healthy food options in nearly 350 businesses, faith-based organizations, schools, physicians offices, and community organizations Partnering with eight neighborhood store owners to enhance their business models by carrying healthy options for area residents Developing Omaha's first-ever Farm-to-Institution programs Supporting area community gardens and farmers' markets Working with pharmacists and physicians to help more than 7,000 individuals control their high blood pressure and/or high cholesterol Increasing the number of smoke-free homes, apartments, and environments Creating Safe Routes to School to over 30 area schools for more than 3,000 children Bringing Movin' After School programs to 2,000 children in 40 area after-school program locations Facilitating policy changes that allows for increased daily physical activity in more than 350 businesses, schools, and faith-based organizations throughout Douglas County Collaborating on and supporting a pedestrian and bicycle-friendly community through infrastructure, safety, and sharing programs <p>Activate Omaha:</p> <ul style="list-style-type: none"> Bicycle transportation map Bicycle pedestrian advisory committee to the mayor 20 miles of bike lanes, trail expansion | |
| Reports/Case Studies | <p>Activate Omaha is featured in Partnership for Prevention: "Creating Healthy Communities through Corporate Engagement." http://www.prevent.org/initiatives/leading-by-example.aspx</p> <p>http://livewellomaha.org/resources/</p> |
| Social Media Sites | <p>http://livewellomaha.org/blog/</p> <p>https://www.facebook.com/LiveWellOmaha</p> <p>https://www.facebook.com/LiveWellOmahaKids</p> <p>https://www.facebook.com/ActivateOmaha</p> |
| Website and Contact Information | <p>http://livewellomaha.org/</p> <p>http://www.activateomaha.org/</p> <p>Live Well Omaha, Phone: (402) 934-5886</p> <p>Activate Omaha, Phone: (402) 934-5923</p> |

Michigan Health Information Alliance (MiHIA)



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| Overview | <p>MiHIA is a formal, multistakeholder, community collaboration working to achieve a community of health excellence for the 14-county region it serves.</p> <p>MiHIA's work varies, but it all falls under what is known as "The Triple Aim," which targets health and systems broadly at the regional level through focusing on three facets of health delivery—population health, patient experience, and cost of care.</p> |
| Primary Goal/Mission | To improve the health of people within our region through effective use of information and collaboration to establish our region as a community of health excellence through a comprehensive focus on population health, patient experience, and cost of care. |
| Supporters | |
| Central Michigan University, Chemical Bank/Chemical Bank Trust, Covenant HealthCare, Dow Chemical Company, Dow Chemical Company Foundation, Dow Corning Corporation, HealthPlus of Michigan, McLaren Bay Region, MidMichigan Health, Saginaw County Community Mental Health Authority | |
| Programs / Campaigns | |
| <ul style="list-style-type: none"> Choosing Wisely To help physicians and patients engage in conversations to reduce overuse of tests and procedures Saginaw Pathways to Better Health Pathways Community Hubs provide tools and strategies for serving at-risk persons in a timely, coordinated manner in order to avoid duplication of effort and keeping persons on track to improve their health. Community Transformations: Together We Can The Central Michigan District Health Department (CMDHD) was awarded a grant of \$1.6 million to implement programs that aim to reduce obesity and reduce death and disability due to heart disease, stroke, and tobacco. By focusing on where people live, work, learn, and play, the Community Transformation program is expected to improve the health of more than four out of 10 U.S. citizens—about 130 million Americans. Advancing Youth's Futures A service provided by the Legacy Center for Community Success in Midland that helps to build positive developmental attributes in youth in grades 6–12. Childhood Developmental Screenings Promoting Child Developmental Screening, for children ages 0–8, is one component of Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a national initiative funded by the Substance Abuse and Mental Health Services Administration | |
| Impact | <p>The MiHIA Health Dashboard is an Internet-accessible reporting and monitoring tool where people can see how a community is doing relative to key health measures and associated health indicators. It is laid out in a way that provides easy-to-understand tables and graphics that follow population health for the region, costs of care, and patient experience—all of which can be clicked to reveal more detail. Under the Population Health tab you will find detailed demographic information on each county (under County Details), selected indicators of health or health behaviors such as smoking, activity, and obesity (under Health Factors), and selected indicators of illness and death (under Health Outcomes).</p> <p>http://www.mihia.org/dashboard/</p> |
| Reports / Case Studies | N/A |
| Social Media Sites | N/A |

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| Website and Contact Information | <p> http://www.mihia.org/ Kimberly Morley Chief Executive Officer (CEO) Email: k.morley@mihia.org Phone: (989) 275-4106 </p> <p> Beth Pomranky Operations Manager Email: b.pomranky@mihia.org Phone: (989) 430-8637 </p> |
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Mid-America Coalition on Healthcare (MACHC)



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| Overview | The Mid-America Coalition on Health Care is a 30-year nonprofit collaboration of employers and all components of the bi-state Kansas City region's health care delivery system. It has 60 members, representing over 500,000 lives and leverages the expertise, experience, and resources of its multidisciplinary membership to promote health and well-being in the greater Kansas City area. |
| Primary Goal/Mission | Decreasing the rate of obesity in the population in the Kansas City region |
| Coalition Members and Contributors | |
| Abbvie/Abbott, Aetna, ALR Technologies, American Academy of Family Physicians, American Century Investments, BenefitFocus, Blue Cross Blue Shield of Kansas City, BlueScope Steel, NA, Boehringer Ingelheim Pharmaceuticals, Cartwright International, CBIZ Benefits & Insurance Kansas City, Cerner Corporation, Children's Mercy Hospitals and Clinics, CIGNA HealthCare of Kansas/Missouri, City of Kansas City, Missouri, Clay-Platte Family Medicine, Clinical Reference Laboratory, Fresh2desk, Genentech USA, Greater Kansas City Medical Managers Association, Hallmark Cards, Inc., HCA Midwest Health System, Hellman & Rosen Endocrine Associates H&R Block, Inc., Husch Blackwell, LLP, J.E. Dunn Construction, Kansas City Internal Medicine, Kansas City Metropolitan Healthcare Council, Kansas City Metropolitan Physician Association, Lockton Companies, LLC, Medical Society of Johnson & Wyandotte Counties, MedTrak Services, Mercer, Merck & Company, Inc., Metropolitan Medical Society of Greater Kansas City, Mosaic Life Care, North Kansas City Hospital, Novo Nordisk, Inc., Pfizer, Physicians Reference Laboratory LLC, Quest Diagnostics, Saint Luke's Health System, Shawnee Mission Medical Center, Signature Medical Group of Kansas City, Sprint, Stinson Morrison Hecker LLP, The University of Kansas Hospital, Towers Watson, Tria Health, UMKC School of Medicine, UnitedHealthcare Heartland States, Wellness Innovations & Nursing Services, Your Wellness Connection | |
| Programs / Campaigns | <p>Current Programs:</p> <ul style="list-style-type: none"> • NCQA Diabetes Recognition Program Project <ul style="list-style-type: none"> ○ Program enables physicians to audit their own performance on 10 evidence-based measures of diabetes care. Clinicians who achieve DRP recognition show their peers, patients, and payers in the community that they are part of an elite group that is recognized for their skill in providing the highest-level diabetes care. • KC Fit Vending Pledge <ul style="list-style-type: none"> ○ Increase healthy vending options in the workplace <p>Past Initiatives (see NBCH link below for more information)</p> <ul style="list-style-type: none"> • Community Initiative on Depression • Community Initiative on Cardiovascular Health and Disease <p>http://nbch.kma.net/index.asp?bid=222</p> |
| Impact | N/A |
| Reports/Case Studies | <p>Featured in Partnership for Prevention: "Creating Healthy Communities through Corporate Engagement." http://www.prevent.org/initiatives/leading-by-example.aspx</p> <p>The Community Coalitions Health Institute did a case study on the Mid America Coalition on Healthcare: http://nbch.kma.net/index.asp?bid=222</p> |
| Social Media Sites | N/A |
| Website and Contact Information | <p>http://machc.org</p> <p>Phone: (913) 671-7122</p> <p>Email: bstanley@machc.org</p> |

National Business Coalition on Health (NBCH)



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| Overview | The NBCH is a national, nonprofit membership organization of 52 purchaser-led health care coalitions across the United States representing over 7,000 employers and approximately 25 million employees and their dependents. These business coalitions are composed of mostly mid- and large-sized employers in both the private and public sectors in a particular city, county, or region. |
| Mission | NBCH exists to help member coalitions lead in improving health and the value of health care services in their communities. |
| Coalition Members | Links to detailed information on each member http://www.nbch.org/index.asp?bid=67 Employers Health Alliance of Arizona, Arkansas Employers' Health Coalition, Pacific Business Group on Health Silicon Valley Employers' Forum, Colorado Business Group on Health, Florida Health Care Coalition, Savannah Business Group on Health, Employers' Coalition On Health, Heartland Healthcare Coalition, Midwest Business Group on Health Tri-State Health Care Coalition, Indiana Employers Quality Health Alliance, Tri-State Business Group on Health, Wichita Business Coalition on Health Care, Mid-America Coalition on Health Care, Louisiana Business Group on Health, Maine Health Management Coalition, MidAtlantic Business Group on Health, Michigan Purchasers Health Alliance, Minnesota Health Action Group, Labor/Management Health Care Coalition of the Upper Midwest, St. Louis Area Business Health Coalition, Montana Association of Health Care Purchasers, Health Services Coalition, Nevada Business Group on Health, New Jersey Health Care Quality Institute, Northeast Business Group on Health, Niagara Health Quality Coalition, North Carolina Business Group on Health, Piedmont Health Coalition, Inc., Ohio Employers Health, FrontPath Health Coalition, Health Action Council Ohio, Oregon Coalition of Health Care Purchasers, Greater Philadelphia Business Coalition on Health, Lancaster County Business Group on Health, Lehigh Valley Business Coalition on Health Care, Pittsburgh Business Group on Health, Rhode Island Business Group on Health, South Carolina Business Coalition on Health, Healthcare21 Business Coalition, Memphis Business Group on Health, Dallas/Fort Worth Business Group on Health, Texas Business Group on Health, Virginia Business Coalition on Health, Puget Sound Health Alliance, The Alliance, Business Health Care Group, Fond Du Lac Area Businesses on Health, Greater Milwaukee Business Foundation on Health, Inc., WisconsinRx and National CooperativeRx, Wyoming Business Coalition on Health |
| Programs / Campaigns | <ul style="list-style-type: none"> NBCH is a "coalition of coalitions" that provides expertise, resources, and a voice to its member coalitions across the country and represents each community coalition at the national level. NBCH provides Action Briefs, Action Guides, and white papers on topics pertaining to the role of business in improving public health The Community Coalitions Health Institute (CCHI) is a nonprofit affiliate organization of NBCH dedicated to improving health and transforming health care, community by community (see separate table) |
| Reports / Case Studies | http://www.nbch.org/Library <ul style="list-style-type: none"> Community Health Evaluation Technical Action Guide Community Health Implementation Technical Action Guide Community Health Planning Technical Action Guide A Guide to Building a Business Coalition on Health April 2013 NBCH Action Brief: Community Health http://www.nbch.org/NBCH-Action-Briefs |
| Social Media Sites | https://www.facebook.com/pages/National-Business-Coalition-on-Health/140725316615 https://twitter.com/NBCH |
| Website and Contact Information | http://www.nbch.org/ Alejandra Herr Director of Grants and Programs Email: aherr@nbch.org Phone: (202) 775-9300 x 15 |

Partnership for a Healthier America



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| Overview | PHA brings together public, private, and nonprofit leaders to broker meaningful commitments and develop strategies to end childhood obesity. PHA ensures that commitments made are commitments kept by working with unbiased, third parties to monitor and publicly report on the progress partners are making to show everyone what can be achieved when we all work together. Founded in 2010 in conjunction with—but independent from— Let's Move! , PHA is a nonpartisan, nonprofit that is led by some of the nation's most respected health and childhood obesity advocates, including honorary chair First Lady Michelle Obama. |
| Mission | To ensure the health of our nation's youth by solving the childhood obesity crisis. |
| Coalition Members | |
| <ul style="list-style-type: none"> Link to commitments of private-sector partners http://ahealthieramerica.org/our-partners/ <p>All-Clad, Ann & Robert H. Lurie Children's Hospital, Birds Eye, Blue Cross and Blue Shield Association, Bright Horizons, Brown's Superstores, Calhoun Enterprises, Catholic Health Initiatives, Centura Health, Cerner, ChildObesity180, Children's Mercy Hospitals, Cleveland Clinic Foundation, Darden, GE Healthcare, Gunderson Health System, Henry Ford Health System, Hyatt Hotels, Indiana University Health, Kaiser Permanente, Klein's Family Markets, Lucile Packard Children's Hospital at Stanford, MaineHealth, Morrison Healthcare Food Services, Mushroom Council, Nemours, New Horizon Academy, New York Road Runners, Nike, Ohio State University, Wexner Medical Center, Oregon Health and Science University, PCC, Reebok & Boks Kids, Share Our Strength, SUPERVALU, The California Endowment's FreshWorks Fund, The Fresh Grocer, The Health Weight Commitment Foundation, The Links, University of Colorado Health, University of Iowa Hospitals and Clinics, US Olympic Committee, USTA, Varsity Brands, Walgreens, Walmart, Washington Adventist Hospital, YMCA</p> | |
| Programs/Campaigns | |
| <p>Partners are working in five broad areas:</p> <ol style="list-style-type: none"> 1) Childcare/early childhood Example: Eliminating sugar sweetened beverages, increasing consumption of fruits and vegetables at every meal, 1–2 hours of daily physical activity, eliminating fried foods, eliminating television and video game time, limiting computer use to educational activities, and supporting breastfeeding, 2) Food access Example: Build grocery stores and supermarkets in food deserts, and expand access to fruits and vegetables in pharmacies 3) Marketplace choices Example: Marketing and advertising promoting fresh and frozen vegetables, enhance restaurant menu options by offering healthier meals and side dishes for children, reduce calorie and sodium levels of menu offerings, reformulate packaged foods with reduced salt and sugar, and develop criteria for simple front-of-package seal to help consumers identify healthier food options 4) Physical activity Example: Launch a nationwide competition, the Active Schools Acceleration Project, to reward creative, effective school-based programs and technological innovations promoting physical activity for children during the school day; \$1 million investment in tennis courts, coaches, and equipment for school and youth facilities; engage 15,000 children in beginner field hockey; free walking events in communities; engage approximately 25,000 physically disabled children in beginner-level programming; engage approximately 12,000 children in beginner-level soccer; engage approximately 88,000 low-income and underserved children in beginner-level cycling; introduce 40,000 individuals to gymnastics; engage 600,000 children in | |

beginner-level swimming; engage 120,000 children in beginner-level track and field; and engage 30,000 children in beginner-level volleyball,

5) Engagement/verification:

Example: Match chefs to schools, donate \$2 million in cookware to school kitchens, and hire independent contractor to do site visits and evaluate partner commitments

Additional Programs include:

- Drink Up (to encourage everyone to drink more water)
- Songs for a Healthier America (to get families dancing to songs with lyrics that promote health)
- Play Streets (closes streets to traffic for special events to promote physical activity)
- Olympics (Olympic organizations offering programs geared to get 1.7 million children moving)

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| Impact | <ul style="list-style-type: none"> • 2.95 million kids got moving in 2012. • 650,000 children will be provided with healthier child care environments by 2015. • Over the next decade, changes will reduce calories, fat, and sodium and to offer healthier choices for billions of customers. • 10,000,000 Americans will be given access to healthier foods by 2016. • 1,500 grocery stores and food retailers will be built. |
| Reports/Cas e Studies | <ul style="list-style-type: none"> • 2012 Annual Progress Report http://ahealthieramerica.org/about/annual-progress-reports/ • Links to videos http://ahealthieramerica.org/media/videos/ • Newsletters http://ahealthieramerica.org/media/newsletters/ • News releases http://ahealthieramerica.org/media/news-releases/ |
| Social Media Sites | https://twitter.com/PHANews https://www.facebook.com/PHA https://plus.google.com/+PHANews/posts http://www.youtube.com/aHealthierAmerica https://www.pinterest.com/PHANews/ |
| Website and Contact Information | http://ahealthieramerica.org/ Email: info@ahealthieramerica.org |

Appendix C

Snapshots of Businesses Working in Community Health

Blue Cross and Blue Shield of Omaha



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| Overview | Hands on elementary education campaign about the dangers of tobacco use |
| Primary Goal/Mission | Preventing children from starting smoking |
| Programs/Campaigns | <p>Be Smart-Don't Start!</p> <ul style="list-style-type: none">• Drawing and writing contest open to Oklahoma students in kindergarten through fifth grade, where students create a public service announcement (PSA) storyboard about the dangers of smoking• Winning storyboards are produced as a PSA and aired on the media.• Interactive, Smart Board compatible curriculum |
| Impact | <ul style="list-style-type: none">• Since the program began in 2004, more than 500,000 storyboards have been distributed to Oklahoma children.• In 2010 more than 2,600 students participated in the contest. |
| Reports/Case Studies | http://tinyurl.com/nfyootg |
| Social Media Sites | N/A |
| Website and Contact Information | <p>http://www.bcbsok.com/company_info/community/tobacco_prevention.html Bert Marshall, President</p> |

The Dow Chemical Company



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| Overview | The Dow Chemical Company is a member of the Michigan Health Information Alliance (see separate Appendix B. In addition, the company has developed a Community Health Needs Assessment Toolkit. |
| Primary Goal/Mission | To provide a community health scorecard, along with recommended actions, that can be used by Dow to more effectively use our resources to support key community health needs. One of the primary objectives of the Dow Health Strategy is to improve the health and costs of care for Dow Family members. This necessitates a clear understanding of the community health needs. |
| Programs/Campaigns | <ul style="list-style-type: none"> • Community Health Needs Assessment Toolkit A tool that Dow has developed and begun to use with relationship to communities with high population counts. It is an Excel workbook that helps to profile the health parameters of the communities and hotlink to evidence-based interventions. This work is used to select the top five gaps or needs for each community. This data is presented to each of the Dow parties who has a potential role or activity where this might be relevant—the corporate giving group, public affairs, government affairs, local leadership teams, people who sit on various community boards, and health staff. The data is also shared with local community organizations and agencies. • Michigan Health Information Alliance (see separate table) |
| Impact | N/A |
| Reports/Case Studies | http://prevent.org/data/files/initiatives/andrew%20n.%20liveris.pdf |
| Social Media Sites | N/A |
| Website and Contact Information | http://www.dow.com/ Cathy Baase Global Director, Health Services Email: CMBaase@dow.com |



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| Overview | The DTE Energy Farm is dedicated to providing fresh, local fruits and vegetables to our community's hungry people. Through the combined efforts of Gleaners Community Food Bank, DTE Energy, and dedicated volunteers, the DTE Energy Farm works to fill that gap. The farm is divided into nine gardens throughout southeast Michigan |
| Primary Goal/Mission | Providing fresh, healthy produce to hungry people |
| Programs/Campaigns | <ul style="list-style-type: none"> • DTE Energy Farm Project <ul style="list-style-type: none"> ○ Nine gardens on 4 acres devoted to feeding the hungry ○ Farmed by volunteers |
| Impact | <ul style="list-style-type: none"> • The gardens produce over 23,000 pounds of fresh produce, which is turned over to Gleaners and the various food pantries it serves in the metro Detroit area. • 400+ volunteers work in the gardens |
| Reports/Case Studies | <ul style="list-style-type: none"> • Featured in Partnership for Prevention: "Creating Healthy Communities through Corporate Engagement." http://www.prevent.org/initiatives/leading-by-example.aspx |
| Social Media Sites | https://www.facebook.com/DteEnergyGardens?fref=ts |
| Website and Contact Information | http://www.gcfb.org/site/PageServer?pagename=pg_volunteer_dteenergygarden Anthony F. Earley, Jr. Chairman and CEO Kate Long Phone: (734) 545-2758 Email: dteenergyfarmproject@gcfb.org . |

GE and GE Foundation



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| Overview | GE is a multinational technology corporation with a core focus on citizenship. The GE Foundation, the philanthropic organization of GE, focuses its efforts in the areas of health, education, the environment and disaster relief. |
| Primary Goal/Mission | GE is committed to finding sustainable solutions to benefit the planet, its people, and the economy. |
| Community Health Programs in the USA | <p>GE</p> <ul style="list-style-type: none"> • Healthyimagination is a 6-year, \$6 billion strategy to tackle global health through increasing quality, access, and affordability of health by: <ul style="list-style-type: none"> ○ Investing more than \$3 million in R&D and developing more than 65 Healthyimagination products ○ Partner for Innovation: Cities GE created a collaborative effort in Cincinnati with employers, hospitals, physicians, and community officials to improve health. The program expanded to Louisville, KY, and Erie, PA. ○ Mobile breast cancer screenings in WY • GE Foundation's Developing Health US <ul style="list-style-type: none"> • Launched in 2009, this multiyear, \$50 million program aims to increase access to primary care for underserved populations by partnering with independent, nonprofit health centers in communities across the United States. |
| Impact | <ul style="list-style-type: none"> • GE Foundation's Developing Health US As of January 2013, the program has reached 32 cities and includes more than 100 health centers, with a total of \$37.4 million committed to date to individual organizations. |
| Reports/Case Studies | <p>2012 Healthyimagination Global Impact Report http://www.ge.com/globalimpact/healthymagination.html#!report=top</p> <p>Developing Health Factsheet http://static.foundation.gecitizenship.com.s3.amazonaws.com/foundation/files/2013/02/Developing-Health-fact-sheet-Jan-20131.pdf</p> <p>Building Better Healthcare Value in Cincinnati http://www.ge.com/globalimpact/pdf/Building_Better_Healthcare_Value_in_Cincinnati.pdf</p> |
| Social Media Sites | https://www.facebook.com/healthymagination https://twitter.com/gehealthy https://www.youtube.com/user/healthymagination?feature=watch |
| Website and Contact Information | http://www.ge.com/ http://www.healthymagination.com/ http://www.gecitizenship.com/focus-areas/people/community-engagement/ http://www.gefoundation.com/increasing-access-to-healthcare/developing-health-us/ |

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| Overview | The largest consumer-governed, nonprofit health care organization in the nation, HealthPartners provides care, coverage, research, and education to improve the health of our members, patients, and the community. HealthPartners, adopted a community business model as part of its strategic business plan to improve public health in the Twin Cities area. Working with schools, foundations, nonprofits, state and local governments, and other organizations—sometimes as the leader and sometimes as a supporting player—HealthPartners has participated in approximately 20 multisectoral health initiatives. |
| Primary Goal/Mission | To improve health and well-being in partnership with our members, patients, and community. |
| Programs/Campaigns | |
| | <ul style="list-style-type: none"> Health Partners Institute for Education & Research A nonprofit organization dedicated to improving health through discovery, the translation of research, and health professional education yumPower <ul style="list-style-type: none"> Fruit and vegetable tracking program for elementary students “Out to eat” searches restaurants within a 20-mile radius of a zip code and identifies healthy menu options for a variety of needs (e.g., diabetes, low-sodium, low calorie) “My Kitchen” healthy meal planning/recipe tool Examples of Community Partnerships: <ul style="list-style-type: none"> Pedal Minnesota to encourage bicycle use American Heart Association Heart Walk National Alliance on Mental Illness Anti-Stigma Campaign Statewide Health Improvement Program (SHIP) Renewing the Countryside (support local food) Honoring Choices Minnesota (collaborative, community-wide public health initiative that promotes discussions about end-of-life choices and advance care planning) St. Paul Promise Neighborhood Initiative |
| Impact | During the 2011–12 school year, 76% of students voluntarily tracked their fruit and vegetable intake in the yumPower School Challenge, and students’ fruit and vegetable consumption increased by 11% at school and 22% on weekends. 15,000 students in 32 elementary schools, including 19 inner-city schools in the Twin Cities. The program was expanded to 60 additional schools in the 2012–13 school year. |
| Reports/Case Studies | <ul style="list-style-type: none"> Isham, G. J., Zimmerman, D. J., Kindig, D. A., & Hornseth, G. W. (2013). HealthPartners Adopts Community Business Model To Deepen Focus On Nonclinical Factors Of Health Outcomes. <i>Health Affairs</i>, 32(8), 1446-1452. http://content.healthaffairs.org/content/32/8/1446.short Canterbury M, et al. The potential of community-wide initiatives in the prevention of childhood obesity. <i>Diabetes Spectrum</i> 2012;26(3). Pronk NP, Kottke TE, Isham GJ. Leveraging lifestyle medicine and social policy to extend the triple aim from the clinic into the community. <i>American Journal of Lifestyle Medicine</i>; first published on April 2, 2013 as doi:10.1177/1559827613483433 Kottke TE, Pronk NP. A primary care-worksite health promotion collaboration might facilitate behavior change [eletter]. http://www.annfamned.org/cgi/eletters/7/6/504#11387, 17 Nov 2009. Kottke, T.E., & Pronk, N.P. Taking on the social determinants of health. A framework for action. <i>Minnesota Medicine</i>, February 2009, 36-39. |

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| | <ul style="list-style-type: none"> • Pronk, N.P. & Kottke, T. Social determinants of health. A call to action for the employer community. <u>ACSM's Health & Fitness Journal</u>, 2010, <u>14</u>(1), 44-47. • Pronk, N.P. Communities of employees and employees within communities. <u>ACSM's Health & Fitness Journal</u>, 2003, <u>7</u>(1), 33-35. • Pronk, N.P., & Kottke, T.E. Health Promotion in Health Systems. In: Rippe, J., Editor. <u>Lifestyle Medicine</u>, 2nd Edition. Taylor and Francis, Boca Raton, FL; 2013, Chapter 111. • Yancey, A.K., Pronk, N.P., & Cole, B.L. Workplace Approaches to Obesity Prevention. In: Kumanyika, S. & Brownson, R.C. Eds. <u>Handbook of Obesity Prevention: A Resource for Health Professionals</u>. Springer, New York, NY, 2007. Chapter 15, p. 317-347. • Pronk, NP. Population health management and a healthy workplace culture: A primer. In: <u>Engaging Wellness</u>. Corporate Health and Wellness Association. 2012. (www.wellnessassociation.com). |
| Website and Contact Information | http://www.healthpartners.com/institute/ http://www.healthpartners.com/yumpower Nico Pronk Vice President & Chief Science Officer Nico.P.Pronk@HealthPartners.com |

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| Overview | Kaiser Permanente (KP) supports innovative efforts to bring nutritious foods and safe, physical activity to local schools, workplaces, and neighborhood. |
| Primary Goal/Mission | Kaiser supports policies and environmental changes that promote healthy eating and active living (HEAL), as well as community economic development, environmental sustainability, and neighborhood safety—key factors in promoting healthy communities. |
| Programs/ Campaigns | |
| <ul style="list-style-type: none"> Primary sponsor or co-funder of over 40 community health initiatives across the United States as part of their Healthy Eating/Active Living program. In 2006 KP co-founded the Convergence Partnership with the aim of strengthening and accelerating collaborative efforts among practitioners, policy makers, funders, and advocates from different fields. The partnership provides financial assistance, through leadership, and coordination needed to support community partners in creating environments that encourage healthy eating and active living. KP Thriving Schools program <p>Other focus areas:</p> <ul style="list-style-type: none"> Delivering healthy food (supporting creation of farmer’s markets and encouraging convenience stores to carry fruits and vegetables) Encouraging residents to get active (establish walking and biking trails, as well as “safe routes to school” program) Making schools healthier (improve physical activity programs, healthier vending machines and cafeterias) Guiding local government land use and transportation policies that support community health Creating healthy work environments Providing grants to food banks, food pantries, and soup kitchens to improve nutritional quality of food they distribute | |
| Impact | |
| <p>Excellent evidence base and evaluation metrics for success of HEAL. KP has a Community Health Initiatives Evaluation team that uses tools such as surveys, interviews, storytelling, and photography to gather data that helps to inform the work of HEAL collaboratives. http://share.kaiserpermanente.org/article/evaluation-and-learning/</p> <p>Some of the findings include:</p> <ul style="list-style-type: none"> 510 distinct community change strategies were being implemented (e.g., school and worksite wellness policies, body mass index screenings in community clinics, creating community gardens that supply local food pantries with fresh fruit and vegetables, and improving infrastructure to promote walking and biking to school) 500,000 people affected through community-based interventions in neighborhoods, worksites, and health clinics and another 148,000 children through school-based interventions 59% of strategies are focused on neighborhoods (e.g., refurbishment of parks, grocery-store improvement), 21% on schools (e.g., cafeteria reforms), 11% on workplaces (e.g., campaigns to promote stairwell use), and 9% on the health sector (e.g., body mass index screenings) http://share.kaiserpermanente.org/article/healing-communities-measuring-the-impact-of-community-interventions/ | |
| Partial List of Reports & Case Studies | |
| <ul style="list-style-type: none"> Community Health Initiatives Fact Sheet http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/CHI-Overview-10152011_FINAL.pdf HEALing Communities Support from All Sides http://share.kaiserpermanente.org/article/healing-communities-support-from-all-sides/ (includes video clip) | |

- Community Health Initiative Interim Report
- http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/CHI%20Interim%20Report%20FINAL%203-6-09.pdf
- Northern California HEAL-CHI Initiative Summary
- http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/HEAL-CHI%20overall%20results%20summary%2011-14-11.pdf
- Commerce City Summary Case Study
- http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/LW%20Commerce%20City%20Final%20Summary%20Report_CCHE_2012.pdf
- Park Hill Summary Case Study
- http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/LW%20Park%20Hill%20Final%20Summary%20Report_CCHE_2012.pdf
- Richmond Summary Case Study
- http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/Richmond_HEAL-CHI_SummaryReport_2006-2010_final_6-20-11.pdf
- Modesto Summary Case Study
- http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/Modesto_HEAL-CHI_SummaryReport_2006-2010_final_6-21-11.pdf
- Denver Urban Gardens Case Study
- http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/CHI%20Case%20Study%20Draft%20DUG%2002-28-11.pdf
- HEALing Communities: Spotlighting Transformation in Santa Rosa, Calif (includes video clip)
- <http://share.kaiserpermanente.org/article/healing-communities-spotlighting-transformation-in-santa-rosa-calif/>
- Santa Rosa Summary Report
- http://share.kaiserpermanente.org/media_assets/pdf/communitybenefit/assets/pdf/our_work/global/chi/SantaRosaHEAL-CHI_SummaryReport_2006-2010_final_6-22-11.pdf
- HEALing Communities: Creating a Safe Haven in Denver (includes video clip)
- <http://share.kaiserpermanente.org/article/healing-communities-creating-a-safe-haven-in-denver/>
- HEALing Communities: Building Wellness Zones in the Port Towns of Maryland (includes video clip)
- <http://share.kaiserpermanente.org/article/healing-communities-building-wellness-zones-in-the-port-towns-of-maryland/>
- California HEAL
- <http://www.healcitiescampaign.org/>

Partial List of Peer Reviewed Publications

- Baxter, RJ. "Making better use of the policies and funding we already have." Prev Chronic Disease. Sep 2010
- Cheadle A, Schwartz PM, Rauzon S, Bourcier E, Senter S, Spring R, "Using the Concept of Population Dose in Planning and Evaluating Community-level Obesity Prevention Initiatives" Am J of Evaluation 2012
- Cheadle A, Schwartz PM, Rauzon S, Beery WL, Gee S, Solomon L. [The Kaiser Permanente Community Health Initiative: Overview and Evaluation Design](#). Am J Public Health 2010 100: 2111-2113.
- Cheadle A, Samuels S, Rauzon S, Yoshida SC, Schwartz PM, Boyle M, Beery WL, Craypo L, Solomon L. [Approaches to Measuring the Extent and Impact of Environmental Change in Three California Community-Level Obesity Prevention Initiatives](#) Am J Public Health 2010 100: 2129-2136.
- Cheadle A, Schwartz PM, Edmiston J, Johnson S, Davis L. Engaging Youth in Learning About Healthy Eating and Active Living: Evaluation Results from Kaiser Permanente's Educational Theatre Programs. J Nut Educ and Behavior.
- Cheadle et al., "A qualitative exploration of alternative strategies for building community health partnerships: collaboration—versus issue-oriented approaches." Journal of Urban Health. Oct 2005.
- Cheadle A, Schwartz PM, Rauzon S, Beery WL, Gee S, Solomon L. The Kaiser Permanente Community Health Initiative: Overview and Evaluation Design. Am J Public Health 2010 100: 2111-2113. [Presents the design

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| <p>framework KP uses for their place-based Community Health Initiatives, with findings from Northern California sites]</p> <ul style="list-style-type: none"> • Cheadle A, Samuels S, Rauzon S, Yoshida SC, Schwartz PM, Boyle M, Beery WL, Craypo L, Solomon L. Approaches to Measuring the Extent and Impact of Environmental Change in Three California Community-Level Obesity Prevention Initiatives Am J Public Health 2010 100: 2129-2136. [Presents methodology with findings from Northern California sites.] • 2010 Summary of Evaluation Approach [Highlights the overarching strategy and design framework for 40+ collaboratives with results for 26 sites across California and Colorado] • Crompt D, Cheadle A, Solomon L, Maring P, Wong E. Kaiser Permanente's farmers market program: Description, impact, and lessons learned. Forthcoming in Journal of Agriculture, Food Systems, and Community Development (2011-0321). • Cohen et al., "Discretionary calorie intake a priority for obesity prevention: results of rapid participatory approaches in low-income US communities." American Journal of Public Health Jan 2010. • Dietz, et al., "Health Plans' Role In Preventing Overweight In Children And Adolescents," Health Affairs. Mar/Apr 2007. • King et al., "Reaiming RE-REAIM: Using the Model to Plan, Implement, and Evaluate the Effects of Environmental Change Approaches to Enhancing Population Health." American Journal of Public Health. Oct 2010. • Koplan et al., "Progress in Preventing Childhood Obesity: How Do We Measure Up?" Institute of Medicine. 2007. • Koplan et al., "Preventing Childhood Obesity: Health in the Balance." Institute of Medicine. 2005. • Kramer L, Schwartz P, Cheadle A, Borton JE, Wright M, Chase C, Lindley C. Promoting policy and environmental change using Photovoice in the Kaiser Permanente Community Health Initiative. Health Promot Pract 2010; 11(3): 332-339 • Ross, RK, Baxter, RJ, et al, "Community Approaches to Preventing Childhood Obesity in California." American Journal of Public Health. Vol 20: 11, November 2010. - See more at: http://share.kaiserpermanente.org/article/evaluation-and-learning/#sthash.eawV9KUz.dpuf | |
| Social Media Sites | https://www.facebook.com/kpthrive |
| Website and Contact Information | http://share.kaiserpermanente.org/article/community-health-initiatives-3/ http://thrivingschools.kaiserpermanente.org/ Pamela.M.Schwartz@kp.org Peggy.E.Agron@kp.org |



Nike

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| Overview | Over the next 5 years, NIKE, Inc. will invest \$50 million in the United States to increase the physical activity of kids in schools and communities as well as target advocacy efforts to inspire kids and draw additional resources to the effort. |
| Primary Goal/Mission | <ul style="list-style-type: none"> • Create early, positive experiences for kids in sports, physical education, and active play. • Integrate physical activity into everyday life. |
| Programs/Campaigns | <p>Let's Move! Partnership</p> <p>Let's Move! Active Schools will provide free resources to teachers, parents, and administrators to enable communities to incorporate physical activity experiences before, during, and after the school day. There will also be opportunities for schools to apply for grants that support Active Schools efforts, which will be funded by Childhood Obesity 180, GenYouth, and others.</p> |
| Impact | See case studies |
| Reports/Case Studies | <p>http://letsmoveschools.org/success-stories/</p> <p>Siemers, Erik, "Nike's Investment in Physical Activity Starts in U.S., Will Spread Elsewhere," <i>Portland Business Journal</i>, February 2013, www.bizjournals.com/portland/blog/threads_and_laces/2013/02/nikes-investment-in-physical-activity.html?page=all.</p> |
| Social Media Sites | N/A |
| Website and Contact Information | <p>http://nikeinc.com/news/nike-announces-50-million-commitment-to-get-kids-moving</p> <p>http://letsmoveschools.org/</p> |



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| Overview | Target donates 5% of their profits to communities, which equals more than 4 million USD each week. Healthy Communities is a core component of Target's social responsibility platform. |
| Primary Goal/Mission | <ul style="list-style-type: none"> Corporate responsibility areas of commitment: education, environment, health and well-being, team members, responsible sourcing, safety and preparedness, volunteerism Target supports public health objectives including food security, physical fitness, and support for children with special health care needs |
| Programs/Campaigns | <ul style="list-style-type: none"> Founding member of the Alliance to Make US Healthiest, a workplace wellness coalition Track team member (employee) volunteer hours, with goal of attaining 700,000 by 2015 November Celebrate Smoke-Free campaign Supports Nice Ride Minnesota—the largest bike share program in the United States Partner with Feeding America to fight to end hunger in the United States Community breast cancer screenings |
| Impact | N/A |
| Reports/Case Studies | <ul style="list-style-type: none"> Webinar slides from County Health Rankings & Roadmaps: Advancing Health in Communities Through Building Successful Partnerships with Business, guest speaker Cara McNulty, Senior Group Manager-Prevention and Wellness at Target Corporation <p>Link to slides: http://www.countyhealthrankings.org/webinars/advancing-health-communities-through-building-successful-partnerships-business</p> <p>Link to video: http://www.youtube.com/watch?v=iYQBKd_yEsU</p> |
| Social Media Sites | N/A |
| Website and Contact Information | https://corporate.target.com/corporate-responsibility/health-well-being/community Cara McNulty Senior Group Manager, Prevention and Wellness |

The Walt Disney Company



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| Overview | Disney programs help kids and families take action on topics they care about, from fitness and the environment to nutrition and volunteerism. |
| Primary Goal/Mission | <ul style="list-style-type: none"> • Focusing on the power and ingenuity of youth to make positive changes in the world • Reinforcing kids' actions through strategic philanthropy focused on local communities • Providing resources and tools for kids and families through Disney online • Building upon global media networks, including Disney Channel, Disney XD, and Radio Disney |
| Programs/Campaigns | <ul style="list-style-type: none"> • Disney Magic of Healthy Living A national multimedia initiative (PSAs, online videos, and resources for parents and kids) designed to make healthy living fun for kids and families by: <ol style="list-style-type: none"> 1) Using Disney creativity to make nutritious foods the most appealing choice 2) Encouraging 60 minutes of daily physical activity and making exercise more broadly appealing 3) Providing information for parents and kids to make healthy choices simpler • Parks and Gardens \$1 million contribution from Disney will help to build play spaces and gardens in 12 underserved communities nationwide |
| Impact | N/A |
| Reports/Case Studies | N/A |
| Social Media Sites | N/A |
| Website and Contact Information | http://corporate.disney.go.com/citizenship2010/inspiringkidsandcommunities/overview/mohl/ http://citizenship.disney.com/try-it |

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| Overview | In 2011, Walmart committed to making food healthier, affordable, and accessible through a program with five key elements. |
| Goal | Making healthier food a reality for all |
| Commitments | <ol style="list-style-type: none"> 1. Reformulating thousands of everyday packaged food items by 2015. <ul style="list-style-type: none"> • Reducing sodium by 25%, reducing added sugars by 10%, and removing all remaining industrially produced trans fats. 2. Making healthier choices more affordable. <ul style="list-style-type: none"> • Save customers approximately \$1 billion per year on fresh fruits and vegetables through a variety of sourcing, pricing, and transportation and logistics initiatives that will drive unnecessary costs out of the supply chain. 3. Developing strong criteria for a simple front-of-package seal. <ul style="list-style-type: none"> • Walmart's "Great for You" Icon for nutritious food choices For more information, please visit http://corporate.walmart.com/global-responsibility/hunger-nutrition/great-for-you 4. Providing solutions to address food deserts by building stores in underserved communities. <ul style="list-style-type: none"> • Pledge to provide more than 1.3 million people living in more than 700 USDA-designated food deserts with access to fresh, healthier food by opening between 275 and 300 stores in areas serving food deserts by 2016. 5. Increasing charitable support for nutrition programs <ul style="list-style-type: none"> • \$26 million of total giving, including the funding of important programs from Share Our Strength, the American Heart Association, the National 4-H Council and Alliance for a Healthier Generation. |
| Impact | <ul style="list-style-type: none"> • Between 2008 and 2011, decreased sodium by 13% across the commercial bread category. • Since 2008 sugars have declined by more than 10%. • Since 2008, industrially produced trans fats have been reduced by 50%. • More than 4,000 private-brand products were evaluated against the "Great For You" nutrition criteria, with approximately 32% of fresh produce, meats, and packaged items receiving the icon. • Opened 86 stores in food deserts bringing healthier food options to more than 264,000 people |
| Reports/Case Studies | N/A |
| Social Media Sites | N/A |
| Website and Contact Information | http://corporate.walmart.com/global-responsibility/hunger-nutrition/healthier-food |

Wellmark

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| Overview | Wellmark partners with sports teams, key nonprofits, and civic groups in Iowa and South Dakota to work hand in hand, enriching health through an array of unique projects and programs |
| Primary Goal/Mission | <ul style="list-style-type: none"> • Creating a healthier tomorrow for Iowans and South Dakotans |
| Programs/Campaigns | <ul style="list-style-type: none"> • Wellmark 3-Point Play <ul style="list-style-type: none"> ○ When a university sports team scores “3s,” Wellmark makes contributions to support community health projects in the university’s hometown. 3-Point Play—encouraging fans to eat right, move more, and feel better! • Wellmark is the primary sponsor of The Blue Zones Project (see Appendix B) |
| Impact | Since 2010, the Wellmark 3-Point Play has raised more than \$278,000 to support health projects in communities across Iowa and South Dakota. |
| Reports/Case Studies | N/A |
| Social Media Sites | N/A |
| Website and Contact Information | http://www.wellmark3pointplay.com/ |

Appendix D

HERO Employer-Community Collaboration Committee Membership

Cochairs

Cathy Baase, M.D., Chief Health Officer Dow Chemical Company
Nico Pronk, Ph.D., Vice President & Chief Science Officer, HealthPartners
Jerry Noyce, Executive Director, HERO

Committee:

Marlene Abels, Coordinator, Membership Services, HERO
Patricia Benson, Director, Get Healthy Now, University of Louisville
Melondie Carter, DSN, RN, Associate Professor, School of Nursing, University of Louisville
Alex Chan, Orfalea Fellow, Clinton Foundation
Jen Daniel, Director, Benefit Advisory Services, Business Solver, Inc.
Tom Downing, M.B.A., Director, MMC Lifeline Workplace Wellness Program, Maine Medical Center
George England, Director, Client Development and Services, BioIQ
Ray Fabius, M.D., President, HealthNext
Tiffany Finly, Manager, Advisory Services, BSR
Kimberly Firth, Ph.D., Director of Research, Optimal Healing Environments, Samueli Institute
Vicki George, National Executive Director, Program Evaluation HealthWorks & Product Innovation, Kaiser Permanente
Andrew Gray, M.D., HR Associate, Capital One
Hilary Heishman, Program Officer, Quality/Equality Team, Robert Wood Johnson Foundation
Lynn Hipp, Integrated Health and Wellness Manager, Eastman Chemical Co.
Yvonne Ingram-Rankin, Director, Global Wellness Strategy, Hewlett Packard Company
Ann Kent, Managing Director, SVP, Blue Zones Project
Jason Lang, Team Lead, Worksite Health Promotion, CDC
Shawn Mason, Ph.D., Associate Director, Research Outcomes & Data Analytics, Johnson & Johnson
Elisa Mendel, VP HealthWorks & Product Innovation, Kaiser Permanente
Les Meyer, VP and Chief Marketing Officer, HealthNext
Susan Mueller, M.D., Senior Medical Director, National Accounts, Aetna
Janet Nardo, M.S., Global Director, Wellness, Covidien
Brenda Neuhoﬀ, Director of Compensation & Benefits, MasterBrand Cabinets
Karen Oberle, VP Total Rewards, The Schwan Food Company
Bonnie Sakallaris, Ph.D., RN, VP Optimal Healing Environments, Samueli Institute
Jennifer Sargent, M.S., M.B.A., Senior VP Business Development, Plus One Health Management
Erin Seaverson, M.P.H., Director of Research, StayWell Health Management
Steward Sill, Human Resources Manager, Global Health & Vitality, IBM
Elizabeth Sobel-Blum, Senior Community Development Research Associate, Federal Reserve Bank of Dallas
Andy Spaulding, Director, Viridian Center for Community and Worksite Health, Viridian Health Management

Jennifer Turgiss, Ph.D., M.S., VP Health Solutions, Virgin HealthMiles
Melissa Vaughn, M.S., Wellness Manager, Schwan's Foods
Janelle Waldock, M.S., M.P.A., Blue Cross Blue Shield MN
Jeff Warren, M.P.A., Senior Advisor, Gardent Global
Brian Weber, Marketing Manager, Business Solver, Inc.
Burt Wolder, Senior VP, Chief Marketing Officer, Hooper Holmes