

CULTURE OF HEALTH DEEP DIVE

March 30 – 31, 2017 | Cambridge, MA

2017 REPORT

A synthesis of ideas from the Harvard University
Advanced Leadership Initiative Deep Dive



HARVARD
Advanced Leadership Initiative

Culture of Health Deep Dive 2017 Report

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ABOUT THE ADVANCED LEADERSHIP INITIATIVE

The Advanced Leadership Initiative (ALI) is a third stage in higher education designed to prepare experienced leaders to take on new challenges in the social sector where they potentially can make an even greater societal impact than they did in their careers.

ALI Deep Dive Sessions highlight one major global or community challenge where ALI Fellows might fill a gap. Deep Dives include readings, outside experts, often faculty from relevant Harvard programs, and a focus on problem-solving and practical applications of knowledge.

ALI Fellows contribute ideas based on their experience and knowledge for immediate solution-seeking with major figures in the field under discussion and with affected constituencies.

2017 REPORT CREDITS

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EXECUTIVE SUMMARY

The 2017 Culture of Health Deep Dive introduced ALI Fellows to the concept of a “culture of health” – a culture that makes health and well-being a central part of life. Over the course of the two-day conference, fellows heard from business leaders, faculty, and specialists in the field to discuss what a culture of health entails, how it can be measured, how it can be implemented, and how it can be disseminated to other business leaders.

Presenters on the first day of the Deep Dive aimed to help fellows build an understanding of the elements, implementation, and metrics of a culture of health. In addition, fellows heard from health systems experts and community-health leaders to learn important context around building a culture of health. Through these presentations, fellows saw the importance of collaboration and clear values when working towards a culture of health.

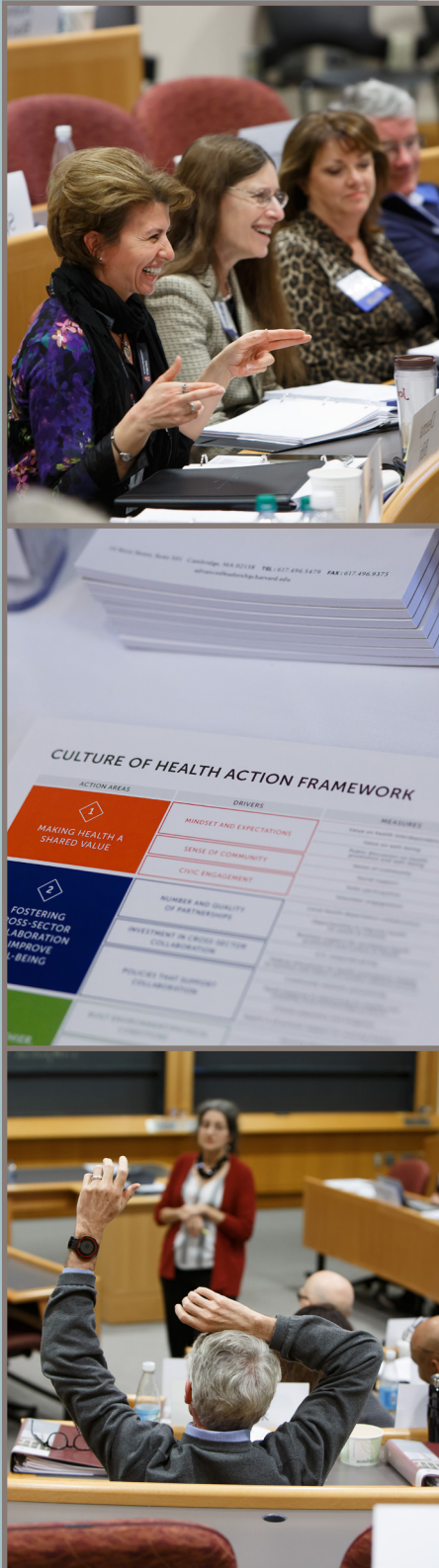
Presenters on the second day of the Deep Dive made these concepts tangible through specific case studies. Through cases on Humana and the GE Foundation, and discussion with former ALI Coalition members, fellows started to see the complexities of implementing a culture of health and driving systems-level change.

From these case studies, panel discussions, keynote speakers, and workshops, fellows developed a firm understanding of the four pillars of a culture of health:

- Consumer health;
- Employee health;
- Environmental health; and
- Community health.

Moreover, fellows learned the importance of values-based discussions to engage leaders and make a culture of health a priority for business practices.

The curriculum for the Culture of Health Deep Dive was developed by a joint faculty team from the Harvard T.H. Chan School of Public Health and Harvard Business School. The Deep Dive was led by faculty Co-Chairs Howard Koh and Meredith Rosenthal. The faculty team was also supported by the Robert Wood Johnson Foundation to help develop a curriculum to strengthen the private sector’s role in building a culture of health.



INTRODUCTION

At the start of the Culture of Health Deep Dive, Co-Chairs Howard Koh and Meredith Rosenthal provided context for the event to the ALI Fellows. The two professors from the Harvard T.H. Chan School of Public Health praised ALI and the Robert Wood Johnson Foundation (RWJF) for their help in convening the two-day conference.

The Co-Chairs explained that a generous \$4.7M grant from RWJF had been critical to bringing together many of the faculty and speakers present at the Deep Dive. The grant, intended to help strengthen the private sector's role in building a culture of health, helped unite eighteen faculty from the Harvard Business School and the Chan School of Public Health.

Koh also highlighted ALI's important role in fostering strong relationships among faculty across Harvard University. Citing his relationship with Professor John Quelch as an example, Koh said that much of the important work to be discussed during the Deep Dive would not have been possible without ALI and the support of its Chair and Director Rosabeth Moss Kanter.

Finally, Rosenthal and Koh noted the unique opportunity the Deep Dive presented to broach the themes of a culture of health with accomplished business leaders. "Rarely do we get the chance to present these ideas to such august leaders as this group of ALI Fellows," said Koh.



Professors Koh and Rosenthal deliver introductory remarks at the Deep Dive.



Marjorie Paloma

BUILDING A CULTURE OF HEALTH IN AMERICA

The Culture of Health Deep Dive began with a presentation from Robert Wood Johnson Foundation (RWJF) Senior Director, Marjorie Paloma. Following the presentation, Professor John McDonough of the Harvard T.H. Chan School of Public Health facilitated a question-and-answer session with Paloma. In her remarks, Paloma described RWJF's rationale and strategy for developing a culture of health in the US.

The mission to develop a culture of health began with RWJF examining the nation's health care system. The foundation noticed a trend of increasing health care costs without notable improvement in health outcomes. Moreover, disparities in health outcomes were widening between high-income and low-income individuals. "We realized we had to commit to a culture of health," said Paloma, "in order to enable our diverse society to lead healthier lives now and for generations to come."

For Paloma and RWJF, a "culture of health" is a culture that makes health and well-being an essential part of life. She noted that so much of what impacts health outcomes happens outside of the doctor's office. To develop its definition of a culture of health, RWJF met with hundreds of people across the nation to ask what they wanted to get out of their lives. From these listening sessions, RWJF learned that people want to live in an environment where they can thrive and where health is a shared value in their community.

With this knowledge in mind, RWJF set off to build a culture of health by focusing its efforts on four key areas:

- Healthy communities;
- Healthy children, healthy weight;
- Leadership for better health; and,
- Integrated and improved healthcare systems.

Using these focus areas as a guide, RWJF developed programs, awarded prizes, and created scorecards to influence how communities get healthy. Its Culture of Health Prize funds 30 communities each year that are focused on addressing the social determinants of health and promoting equity in health outcomes.

To broaden its reach and impact, RWJF partnered with other organizations around the country committed to improving the health of their communities. Paloma said the foundation had fostered relationships across

sectors, working with the YMCA, city councils, the Harvard School of Public Health, and GE among countless others. She further emphasized the important role that the private sector will continue to play in ushering in nationwide adoption of a culture of health.

After her remarks, Paloma took time to answer questions from ALI Fellows about RWJF and its work. One fellow asked why government had not taken the lead in addressing the concerns outlined by RWJF. Paloma highlighted the foundation’s important distinction as a convener in discussions about health and well-being: “We have the ability to bring people together at the local, state, and federal level.”

In closing, McDonough asked Paloma what question she would ask ALI Fellows to consider for the remainder of the Deep Dive. Turning to the audience, she said, “How might we think about working with business to build competition and drive towards a culture of health?”





John Quelch

BUILDING A CULTURE OF HEALTH: A NEW IMPERATIVE FOR BUSINESS

Building on the previous discussion, Professor John Quelch of the Harvard Business School and Harvard T.H. Chan School of Public Health focused his talk on the private sector's role in creating a culture of health. Quelch described the concept of a corporate "health footprint" and explained the argument for business involvement in public health. Finally, he outlined strategies for unifying health initiatives in the private sector.

To begin, Quelch said that all companies, wittingly or unwittingly, laid down a population health footprint. Through their interactions with consumers, with employees, with local communities, and with the environment, these companies have a serious impact on public health. He explained, "Every organization is in the health business, but few embrace a culture of health."

To illustrate his claim, Quelch started by describing how companies impact consumer health through their activities. Using the examples of LEGO – making an impact on children's cognitive development – and Volvo – making an impact on the safety of its drivers – he noted that the safety, integrity, and helpfulness of products has a direct impact on consumer health. "Even though we don't think of these examples as health companies," he continued, "they are."

Beyond having an impact on consumers, Quelch said that companies also influence the health of their employees. As an example, he cited Johnson & Johnson's 30-year commitment to its employees' health, and DHL's focus on the physical and mental health of all of its employees and their families. Employee health does not only involve direct employees, Quelch explained, but in many cases suppliers and subcontractors as well.

Next, he explained the role that companies have in influencing the health of surrounding communities. Colgate-Palmolive, for example, partnered with the minister of health in Brazil to make sure that all school children brush their teeth after lunch. Quelch also described the work of DOW chemical to reduce type 2 diabetes among Michigan residents, many of whom are employees of the company. He noted that, "companies can take a health leadership role in this work, particularly when they employ the majority of a community's residents."

The final element of the "footprint," he said, is a company's impact on environmental health. Using the examples of Coca-Cola, which has done extensive work in water recycling, and Unilever, which pioneered sus-

tainability reports, Quelch outlined the extensive impact that companies can make on the environmental health of a region.

Too often, however, many of the private sector's health initiatives are fragmented. Quelch said that health initiatives are disjointed in companies and there is little coordination to maximize impact and efficiency. Within a given company, initiatives might exist to enforce quality control of products, to improve sustainability, and to promote employee health, but they are rarely interconnected.

To realize a culture of health in the private sector, Quelch said that it takes a leader with a clear vision. A health leader in the private sector can pull together the disparate strands in an organization and catalyze unified initiatives. This sort of leadership requires CEO commitment, long-term relationship building, a focus on the future, and a goal to achieve more than straight-forward compliance. He said the CEO of Royal Caribbean was a striking example of this work in action – the company made a unified effort to improve the health of its passengers, employees, the environment, and its ports-of-call.

In many ways, Quelch's presentation provided a clear framework for ALI Fellows to understand the ways that businesses impact public health. The four pillars of the health footprint – consumer, employee, community, and environmental health – helped the fellows think through potential avenues of action for their social impact work. Beyond this, Quelch highlighted the need for strong leaders committed to health in the private sector – a clear call to action for ALI Fellows.

**“EVERY ORGANIZATION IS IN THE
HEALTH BUSINESS, BUT FEW EMBRACE A
CULTURE OF HEALTH.”**

JOHN QUELCH



Nico Pronk

THE ROLE OF ORGANIZATIONAL VALUES

Next, ALI Fellows heard from a leader driving change in the health industry, Dr. Nico Pronk, Vice President of Health and Disease Management and Executive Director of the Health Behavior Group at HealthPartners. Pronk spoke about his values-based approach to change management at HealthPartners, a nonprofit, integrated health system in Minneapolis, Minnesota. He further underscored the importance of measurement for organizations attempting to shift towards a culture of health.

In his opening remarks, Pronk referenced activist and author John Gardner, who said, “He who would affect social change cannot be of short wind.” Shifting to a culture of health, Pronk said, required changing long-established social institutions. To move from the concept of ‘health-care’ to ‘well-being’ involves a paradigm shift that calls for consistent effort and strong leadership.

In order to bring about this sort of change, he continued, organizations need to focus on values. “We all do better, when we all do better,” Pronk said, explaining that leaders need to live and encourage buy-in at all levels of an organization. These values must be clear and shared, otherwise de facto values take over that add unnecessary stress to an organization. A focus on values, Pronk added, is the first step to making changes in observable behavior and shifting towards a culture of health.

Drawing on the example of the Hanover Insurance Company, Pronk said the values organizations should focus on are localness, merit, openness, leanness, and respect. He then described the meaning of each of these values to the ALI Fellows:

- Localness – employees own responsibility and are empowered to act;
- Merit – ideas are evaluated based on merit rather than political connivance
- Openness – organizations have an unfettered flow of information and a willingness to talk about difficult issues
- Leanness – organizations are using resources appropriately and efficiently
- Respect – people within an organization are dependable, grateful, and supportive

These values mean little, however, if organizations lack a clear means for measuring progress. In the case of HealthPartners, Pronk described a three-year process to establish clear, meaningful measures to assess

progress. Ultimately, the organization settled on three simple questions to drive their measurement: what is the health of our organization today (current health); where are we going (future health); and how do we feel about it (perception)?

By gathering data on disability adjusted life years (current health), indicators for positive health behaviors (future health), and survey measures (perception), HealthPartners had the necessary information to bring about a culture shift. Now, the organization is making changes to product design, and the overall conversation about health and well-being is starting to shift.

In conclusion, Pronk reiterated the importance of shared values and summary measures to bring about a culture shift within an organization. In thinking about his own organization, he said, “The work we do should be good for business and for people.” Finally, directly addressing the ALI Fellows in the room, he added, “It takes leaders and intentional effort to make this change work.”





Frank Shea



Vilma Martinez-Dominguez

LEARNING FROM THE COMMUNITY

ALI Fellows next had a chance to hear from community leaders at the local, regional, and national level. Through a panel moderated by Harvard T.H. Chan School of Public Health Professor Vish Viswanath, the fellows learned more about community-based initiatives to move to a culture of health. Speakers on the panel were Vilma Martinez-Dominguez of the YWCA of Greater Lawrence, Rob Restuccia of Community Catalyst, and Frank Shea of Urban Edge. Each panelist began by explaining their work to promote positive health outcomes.

First to present was Chief Executive Officer of Urban Edge, Frank Shea. Urban Edge is a community development corporation based in Jamaica Plains and Roxbury, Massachusetts that provides programs and support to address local housing needs. Shea explained that the main focus of Urban Edge is functional and affordable housing developments for low-income families in these neighborhoods. The work of Urban Edge is community driven, and seeks to involve local stakeholders in key decision making. Shea added that health is a central consideration of his organization: safe, affordable housing is critical to promote positive health outcomes for his community.

Next, Vilma Martinez-Dominguez, Director of Social Justice Initiatives for the YWCA of Greater Lawrence and coordinator of the Mayor's Health Task Force in the city, presented her perspective on developing a culture of health in her community. In her dual roles as a nonprofit and government leader, she stressed the importance of nonprofits as nimble actors in driving social change. She added, "If we don't have a healthy city, we don't have anything," and highlighted the importance of convening a coalition of health-focused stakeholders. Through this coalition-based approach to her work with the YWCA and the Mayor's Task Force, Martinez-Dominguez is helping Lawrence develop healthy public policies and activities.

Finally, Rob Restuccia, Executive Director of Community Catalyst, shared his experiences working to promote a culture of health in communities at the national level. Community Catalyst works to ensure consumer interests are represented wherever important decisions about health and the health system are made. Under Restuccia's leadership, the organization has helped bring about health care reform in more than 40 states and at the federal level. He explained to ALI Fellows that in his work with communities, "things can be messy," adding that understanding the experiences of individuals at the local level is essential to driving change.



Rob Restuccia

After the panelists' remarks, Viswanath led a question-and-answer session to get at the critical work of promoting a culture of health at the community level. One theme that emerged from the conversation was the importance of engaging the private sector to drive community-based health initiatives. The panelists stressed the need for buy-in from business leaders to drive their work; often working in under-resourced communities, the skills and resources of the business community can magnify the impact of these health organizations.

Building on the discussion from the question-and-answer session, Viswanath closed the session by explaining that businesses are not separate from the communities in which they operate. "The challenge is to get businesses to focus on these 'distal' issues," he said, "and to show the value of their investment in the community."



Professor Vish Viswanath moderates a community health panel discussion.



Linda Kaboolian

CHOOSING METRICS

Following the Community Health Panel, ALI Fellows examined the importance of metrics in establishing a culture of health. Professor Linda Kaboolian and Eileen McNeely led the fellows through a case analysis of the startup Uber to see how metrics can set the tone for organizational culture.

The case discussion started with Kaboolian showing ALI Fellows a video of a controversial exchange between Uber's CEO and one of his drivers. Kaboolian then asked the fellows to define the business culture of the firm. Very quickly, the fellows identified that Uber's employees and stakeholders were deeply invested in an organization that appeared to not be deeply invested in them.

Kaboolian noted that Uber had attempted to bring in outside sources to try to address its business culture, but that the problem seemed more deeply entrenched. Some fellows found it hard to believe that the board of the company had not replaced its controversial CEO. They also discussed whether it was possible to separate the firm's brand from the personality of its leader. One fellow explained, "As soon as the customers start to get angry, the CEO will lose his buffer from other key stakeholders in the organization."

At this point in the case discussion, McNeely stepped in to ask how metrics could impact the business culture at Uber. She asked the fellows to divide into groups and use the Vitality Institute's health metrics scorecard to evaluate the company's corporate culture. She added, "If Uber had applied this scorecard, would they have a better culture of health?"

After thirty minutes of discussion, the groups reconvened to report their conclusions. While most of the groups agreed that the scorecard was an elegant way to measure progress towards a culture of health, some thought that company's overall strategy should change. In particular, the fellows said Uber's lack of shared values and poor governance was a greater obstacle to developing a strong culture of health.

McNeely agreed, saying that good governance is a necessary component to administering and developing a culture of health within an organization. She further added that the firm seemed to be missing an environment that nurtured and supported its stakeholders. She asked, "What if the default was everyone within a company nurturing and supporting human needs? Could this behavior constitute the most basic metric or fingerprint for a culture of health?"



Eileen McNeely

In the case of Uber, the company never made the business case for nurturing its human assets, such as connecting software innovation and customer service to the well-being of the employee and contractor workforce.

In the presence of a clearly articulated strategy and supportive leadership, she said, metrics can help align and institutionalize the inputs, processes, outputs, and impacts of a culture of health. Without metrics, the best of intentions for a culture of health are lost because leaders tend to manage what they measure.

Uber's use of a metrics scorecard, like the Vitality Scorecard, could not motivate a culture of health by itself. To be useful, metrics must be easily measured, minimalistic, actionable and aligned with corporate goals.

In sum, she asked, why should companies bother with metrics for a culture of health? Research shows that companies that rate comparatively higher on these measures outperform their counterparts in the stock market over time.

“WHAT IF THE DEFAULT WAS **EVERYONE**
WITHIN A COMPANY NURTURING AND
SUPPORTING **HUMAN NEEDS?**”

EILEEN MCNEELY



Troy Brennan

KEYNOTE CONVERSATION

To close out the first day of the Culture of Health Deep Dive, ALI Fellows heard from Executive Vice President and Chief Medical Officer of CVS Health, Troy Brennan. Brennan talked about his efforts to remove tobacco from CVS' stores, and outlined some important new trends in the healthcare sector. He also illustrated the difficulties in bringing about large-scale lasting change in an industry.

When Brennan started at CVS, the company was selling nearly \$2 billion worth of cigarettes each year. While CVS recognized the unalterable harm this was causing consumers, removing cigarettes from shelves would be taking a serious financial risk. Nonetheless, Brennan and others within the organization recognized that, as a health company, they had a responsibility to protect the well-being of their consumers. Eventually, by building a coalition of supporters within the organization, he was able to get CVS to stop selling cigarettes at its stores.

With this change, the company rebranded itself as "CVS Health" and made some serious changes to their image. Following the removal of cigarettes from stores, CVS opened more space at its retail locations for pharmaceutical and clinical care – all in an effort to provide expertise and low-cost health solutions to its patients. Now, CVS is a holistic healthcare provider, thanks, in large part, to the decision of its board to get rid of tobacco products in stores.

Brennan explained that data use was critical to making this change at CVS. He said, "To create a culture of health, you must rely on data," explaining that he had to show his board that pulling cigarettes would actually help consumers stop smoking. Initially, some people within the organization thought smokers would simply visit another store when CVS removed cigarettes, but Brennan was able to show, through extensive data, that their decision to remove the product had serious impacts on health outcomes.

This increased reliance on "big data" was just one of many of the trends sweeping the health care industry. Brennan explained, "We can move data six to eight times faster than we could five years ago; this allows us to interrogate a lot of individual data for practitioners to use." Other trends that he highlighted were the dramatically rising costs of health care, and increasing disparities between high-income and low-income patients. In the end, he said that CVS had an important role to play in providing low-cost healthcare to partially ensured patients.

Responding to these trends can be challenging, Brennan said, and bringing about change at large companies comes with a host of difficulties. Namely, he said that CVS' decision to remove cigarettes from stores had not influenced the industry standard – other drugstores and pharmacies continued to sell the harmful product. Brennan said that industry-level changes in culture required more collaboration, something that he sees now. “It’s always better to collaborate, but sometimes with competitors it can be difficult to see that.”



Nancy Kane

HUMANA'S BOLD GOAL

The second day of the Deep Dive began with another case discussion, this time led by Professor Nancy Kane of the Harvard T.H. Chan School of Public Health. The focus of this case was Humana, a for-profit health insurance company based in Louisville, Kentucky. At the time of the case, Humana set a “Bold Goal” to improve the health of the communities it served by 20% by 2020. Joining Kane for the discussion were two representatives of the company, Erik Eaker and Rachelle Sico.

Kane started the discussion by asking ALI Fellows what trends in the health sector were changing the way insurers did business. Fellows highlighted demographic changes, like an aging population and an increase in chronic disease, as well as changes internal to the sector, like a need to gain consumer trust and respond to the provisions of the Affordable Care Act. Through the conversation, fellows were able to see how traditional notions of insurance providers were changing, and why Humana had an interest in community health and preventative care.

Next, Kane asked fellows to outline potential areas of strength for Humana in developing a culture of health in the communities it served. From their conversation, the ALI Fellows noticed that Humana had tremendous health data, from claims and analytics to third party data on purchasing behavior, to create a well-crafted strategy. Further, they observed that Humana had strong relationships with employees, individuals, and physicians to bring about systems-level change.

Kane also asked fellows how Humana could leverage its burgeoning partnership with the Robert Wood Johnson Foundation (RWJF) to further drive change in communities around the nation. ALI Fellows immediately identified the extensive financial, human, and technical resources of RWJF, as well as its skill in designing, implementing, and measuring programs. This technical expertise, said the fellows, would be critical to achieve Humana’s “Bold Goal.”

To ground this thinking in a concrete example, Kane asked ALI Fellows to consider how Humana could improve community health in a specific setting – New Orleans, Louisiana. Fellows said that while poverty and chronic disease plagued the city, there were many healthcare providers in the area and real opportunities to make progress. Namely, they suggested that Humana focus on helping existing providers create a healthy food environment and establishing a pre-diabetes program in the city. To measure progress, the fellows said the company should look at leading indicators for its ‘healthy-days’ metric.

Following the case discussion, Erik Eaker and Rachelle Sico gave updates on the work Humana had already done to reach its 20% by 2020 target. Eaker said that Humana had been working with partners in New Orleans to develop its strategy, and that the organization had served as a convener for other groups already hard at work. Sico added that Humana had partnered with companies like Walgreens to think about developing a culture of health at the regional level.

Moving forward, Eaker said, Humana was developing a playbook for the work it was doing in communities around the nation. The company hoped to share this playbook with other providers to expand impact and reach its goal. Finally, Eaker explained the partnership between Humana and RWJF had been essential to building credibility and bringing more stakeholders to the discussion about how to make communities healthier.



Erik Eaker and Rachelle Sico give an update on Humana's progress.



Sara Singer



Joan Quinlan

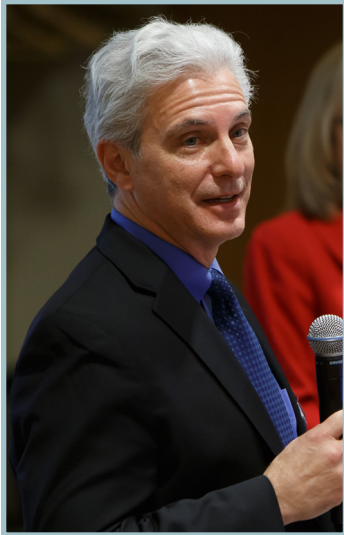
THE GE FOUNDATION'S COMMUNITY HEALTH EFFORTS IN BOSTON

Continuing the presentations on the second day of the Deep Dive, Professor Sara Singer of the Harvard T.H. Chan School of Public Health presented fellows with another practical example of an organization working to build a culture of health. During this session, the case discussion centered on the GE Foundation, which had recently moved Boston and committed \$15 million to improve the health of the community. Singer was joined by David Barash of the GE Foundation and Joan Quinlan of Massachusetts General Hospital (MGH) to discuss the particulars of the case.

Before hearing from the two distinguished guests, Singer asked fellows to identify potential solutions to the problem GE had decided to address: the opioid crisis in Massachusetts. Fellows put forth several possible ideas to address the crisis, from limiting prescriptions of pain killers and tracing the supply chain of the drugs, to helping increase capacity at community health centers and addressing societal issues that lead to drug abuse. It was clear by the end of the brainstorming session that GE could focus its investment in myriad ways.

To add further context to the conversation, Quinlan, Vice President for Community Health at MGH, described the work already being done in Boston and Massachusetts to address community health issues. Quinlan explained how the first community health assessments aimed at teen drinking developed in the 1990s. Much had changed since the early days of community-based health interventions, and by 2014, MGH had established community health as one of the key pillars of its strategic plan. The major issue now for MGH, said Quinlan, was the opioid epidemic. While the problem was certainly substantial, she found the progress at MGH promising and was excited to partner with GE to find more solutions.

Barash, the Executive Director of the Global Health Portfolio and Chief Medical Officer for the GE Foundation, told the story behind GE's move to Boston and their focus on the opioid epidemic. In 2016 when GE announced its move, its chairman wanted to make a positive difference on the health of Massachusetts. After speaking with community health leaders and other stakeholders in the state, it became clear that opioid addiction was plaguing the region. In efforts to scale and accelerate the already existing initiatives in place, Barash said GE was focused on three pillars of change: capacity building, innovation, and reimagining recovery.



David Barash

With the context firmly established, Singer asked ALI Fellows to work in groups and develop a plan for GE to leverage its initial \$15 million investment into a long-term sustainable solution. Singer divided the group into five focus areas for recommendations: individual, interpersonal, behavioral, sectors of influence, and sociocultural/political influences. After a lightning round of brainstorming, the full group came back together to talk about their recommendations.

- Individual: GE should focus on preventative de-stigmatization. The foundation should use data at the individual level to identify likely abusers, and assist existing providers with its skills in data analytics.
- Interpersonal: GE should focus on families/friends, peers, churches, and coworkers. The foundation should educate families about disposal, and the broader public about early indicators of opioid abuse. It should also de-stigmatize the disease and change public perception through social media.
- Behavioral: GE should focus on schools and homes. The foundation should help teachers and parents identify signs of abuse, and encourage rehabilitation rather than enforcement.
- Sectors of influence: GE should build a coalition with government actors and other foundations already engaged in this work. The foundation should promote education and raise funds to tackle the problem through service provision.
- Sociocultural/political group: GE should focus on de-stigmatizing the issue. The foundation should involve more local employers and drug companies, and create a memorable slogan with celebrity endorsements.

Following the group presentations, Singer helped fellows to develop key takeaways from the session. She said that corporate participation in public health can address large-scale, intractable problems. “But,” she added, “this sort of work takes a cross-sectoral, coordinated effort.”



Carl Johnson

FIRESIDE CHAT WITH ALI COALITION MEMBERS

Next, Deep Dive participants heard from two ALI Coalition members who were attempting to drive change around food and nutrition. Harvard T.H. Chan School of Public Health Professor and Deep Dive Co-Chair Meredith Rosenthal moderated a conversation with 2016 ALI Fellow Carl Johnson and 2010 ALI Fellow Doug Rauch. Johnson and Rauch shared their experiences working to build a culture of health and offered advice to current Fellows just beginning to dive into their social impact projects.

Johnson came to ALI in 2016 with an interest in food and nutrition, and developed a project over the course of his fellowship year to make a dent in the obesity epidemic in the US. That project work had since evolved to Monj, a digital behavior-based food and cooking platform. Monj, a play on the French word “manger” (to eat), is an app that teaches users new cooking skills and generates intrinsic rewards for good nutritional decision making. Monj allows users to create goals, earn badges and experience, and integrate social media to promote healthy choices around food. Since creating the platform, Johnson had successfully taken on four corporate customers with tens-of-thousands of individual users.

Rauch also came to ALI with an interest in food and nutrition, but his work went through several stages of development. He shared with fellows, “Two months into the program I had no idea what project I was going to do.” Originally, Rauch had planned to redistribute bread at food banks before learning that, “hunger was not a shortage of calories, but a shortage of nutrition.” While at ALI, he developed Daily Table, a retail approach to tackling food insecurity. Daily Table uses the excess, healthy food that is going to waste to provide affordable nutrition to economically challenged communities. With 11,000 members at their retail location in Dorchester, Daily Table is looking to expand its model to other cities and states.

After discussing their current social impact work, Rosenthal asked the two Coalition members what enabled them to find the right idea and the right stakeholders while at ALI. Johnson said that when starting Monj, it was important to begin with the end customer in mind. “We wanted to create something we thought would appeal to consumers,” he said. From there, he added, they thought carefully about how to distinguish their platform from others working in the food and nutrition space. Johnson said it was necessary to be a part of broader coalition working to solve the obesity epidemic in the US.



Doug Rauch

The current ALI Fellows also had an opportunity to pose questions to their predecessors. During the question-and-answer session, one current fellow asked how the Coalition members pivoted from ALI to build something new, particularly when they lacked the identity of their previous employment. Rauch responded that it was important to use past networks and connections without relying too heavily on them. He also mentioned that it was critical to have a clear narrative to share with early investors. Finally, he said, “Don’t rest on the laurels of past achievements, but don’t shy away from them either.”

Towards the end of the conversation, another current fellow asked if Johnson and Rauch had ever thought of working together. The two Coalition members agreed that their projects could add serious value to each other, but that their principal goal was to be self-sustaining. “Ultimately,” Rauch added, “this is one of the main goals of ALI – to bring people like us together to have a greater impact.”



Deep Dive Co-Chair Meredith Rosenthal leads a discussion with Carl Johnson and Doug Rauch.



LEADING CHANGE

Professor Rosabeth Moss Kanter, Chair and Director of ALI, concluded the Deep Dive by helping fellows synthesize the past two days' presentations. In her remarks, Kanter discussed how the fellows might translate their bold goals for social impact to immediate action. She highlighted the value of strong leadership and perseverance in addressing interminable challenges like building a culture of health in the US.

First, Kanter said that tackling challenges such as these required breaking traditional frameworks of action. She explained, "You can't just think outside of the box – you have to think outside the building." Kanter noted that over the course of the Deep Dive, it was clear that health went far beyond the hospital. Kanter challenged fellows to think about how health impacts communities, and how new stakeholders should be brought in to discuss problems and potential solutions.

Kanter further explained, that, "there is no shortage of good ideas, but there is a shortage of good leadership." Leadership is a necessity, she explained, to accomplish grand goals. She encouraged ALI Fellows to develop a clear vision for social impact and to show others that success is possible. In this work, she added, it is absolutely critical to communicate mission and purpose. "Lead with who you are," she said, "and awaken people's sense of the possibilities."

Kanter also said that building a culture of health depended upon extensive collaboration. "They say it takes a village," she explained, "but really it takes a cross-sector, multi-stakeholder coalition." Addressing issues of public health involves working across the private, nonprofit, and public sectors. Moreover, it involves engaging stakeholders from the local to the national level. Building support across these areas, she said, is a must to achieve any sort of bold goal.

Finally, Kanter noted the importance of passion and perseverance as ALI Fellows begin to drive social impact. Being a leader means being willing to pivot, she said. "Everything can look like a failure in the middle," Kanter said, "so the key is to reframe failure as just 'the middle.'"

ALI FELLOWS' REFLECTIONS

Following the Deep Dive, ALI Fellows completed a questionnaire to identify their key takeaways from the conference. A sample of their reflections appears below:

“My biggest takeaway is that there is a significant opportunity to make positive contributions to the overall culture of health in any business. For example, CVS Health made a dramatic contribution by discontinuing the sale of tobacco products, while the GE Foundation found ways to build strong local partnerships and Humana drove local coalitions. Even if health is not the main focus of my plans for social impact, I can now use it as a lens through which I can view many other activities that I am involved with.”

“My biggest takeaway is the sense that a shift to a culture of health, although at first seemingly an intractable problem, has been addressed, at least in part, by some innovative approaches and actions of progressive players. What I will do differently is think about approaches to a culture of health that explicitly incorporate more creation.”

“Prior to progressing my social impact project I will develop a series of values, which in the main can be attributed to a culture of health, and I will check any decision against that check list.”

“I have come from a business which had an embedded culture of health but it did not call it so. It had a strong conduct agenda, strong on involvement in the communities in which it operated, its brand value was, ‘Here for Good’ which is a good play on words and finally was very strong on client and staff engagement. Staff were encouraged to be ‘activists’ in the community with thought leadership with host Governments and with volunteering to help cure avoidable blindness and HIV education. This program reinforced the need for certain behaviors in my social impact project.”

“The biggest take away was understanding the difficulty for large entities to pivot and that making change one bit at a time, breaking it down into manageable parts would eventually create the movement needed and get the buy in required. What I would do differently is ensuring that I find a way to manage, mitigate and gain the respect of both advocates and dissenters, and to be persistent and not lose focus during trying times.”





“My biggest takeaway was the level of collaboration and coalition-building amongst very different stakeholders required to make an impact on this issue.”

“I learned a great deal about the wider world of the Culture of Health and the multi stakeholders’ responsibilities involved in implementing it and left the two day program with the conviction that the culture of health is at the heart of human and economic development.”



“My biggest takeaway was the broadening of my aperture on culture of health versus health. The culture of health is a long term goal; making progress requires a commitment to education, engagement and action. I feel that through the deep dive, I made a ‘down payment’, at least on the first item, education. With improved awareness and a framework for understanding, I will continue to explore the culture of health and find ways to embed it in my work. For example, I am currently working with a K-8 school in Bridgeport, CT to build a vegetable garden. I now see this as an opportunity to link ideas from culture of health to the education goals we have for the garden project. I also want to share what I have learned about culture of health with others. This includes organizations in which I am a member, friends, family.”



“My biggest takeaway was the realization that the health and well-being of individuals is also materially influenced by a whole host of social factors, such as living conditions, work conditions, family environment, financial health, safety issues, etc. All these factors are outside the health-care system, and so the approach to build a culture of health must adopt a holistic focus. For me, this entails rethinking the way I had planned to address health and hygiene education. Instead of a narrow focus, I will likely broaden the coverage of my initiative and think about partnerships that could help.”

“I was very impressed by the thinking in terms of its breadth, scope and potential impact. I will actively look at how I can help with the deployment of the concept and am happy to have a follow on discussion with the Harvard and/or RWJF team focused on its deployment.”

APPENDIX – SPEAKER BIOGRAPHIES



David Barash
GE Foundation

David M. Barash, M.D. is the Executive Director of the Global Health Portfolio and Chief Medical Officer for the GE Foundation. The Foundation's Developing Health initiatives are approached with the belief that simple interventions, along with strong partnerships and leaders, are often the answer to some of healthcare's most complex problems.

Dr. Barash is a practicing emergency medicine physician with more than 30 years' experience. He has focused a great deal on understanding how new technologies can be commercialized and delivered to effectively close the gap between brainstorm and bedside.

Prior to joining the GE Foundation, Dr. Barash was Chief Medical Officer of Life Care Solutions and Executive Medical Director of Health Care Services for GE Healthcare. He was also Founder and President of Concord Healthcare Strategies, where he provided strategic and operational expertise to medical technology investors and development stage medical technology companies.

David is a graduate of Cornell University and author of several clinical publications.



Troyen Brennan

CVS Health

Harvard. T. H. Chan School of Public Health

Troyen A. Brennan, M.D., M.P.H., is Executive Vice President and Chief Medical Officer of CVS Health. In this role, Brennan provides oversight for the development of CVS Health's clinical and medical affairs and health care strategy, as well as the company's CVS MinuteClinic and Accordant Health Care businesses.

Previously, Brennan was Chief Medical Officer of Aetna Inc., where he was responsible for clinical policies, as well as Aetna's full range of clinical operations, disease management programs and patient management services. Prior to that, Brennan served as president and CEO of Brigham and Women's Physicians Organization. In his academic work, he was Professor of Medicine at Harvard Medical School and Professor of Law and Public Health at Harvard School of Public Health.

Brennan received his M.D. and M.P.H. degrees from Yale Medical School and his J.D. degree from Yale Law School. He has a master's degree from Oxford University, where he was a Rhodes Scholar. He earned a BS from Southern Methodist University. He completed his internship and residency in internal medicine at Massachusetts General Hospital. He is a member of the Institute of Medicine of the National Academy of Sciences.



Erik Eaker
Humana Inc.

Erik's work with Humana's executive leadership has helped to define, communicate, and establish measurement of Humana's 2020 "Bold Goal". His work leading partnerships and innovation with non-profit, business, government and academic institutions (e.g., Robert Wood Johnson Foundation, Feeding America, Harvard T.H. Chan School of Public Health) has helped to design solutions that address significant community health barriers.

Eric holds a Master of Healthcare Administration and Bachelor of Science in Public Health from University of North Carolina at Chapel Hill.



M. Carl Johnson

2016 Advanced Leadership Initiative Fellow

As Executive Vice President, Marketing and Chief Growth Officer and a Senior Advisor for J.M. Smucker Company, Carl focused on offering healthier foods with lower fat calories, less salt, while improving nutritional value.

He has had leadership roles in consumer brand companies for three decades and is based in California.



Linda Kaboolian

Harvard Law School

Harvard. T. H. Chan School of Public Health

Dr. Kaboolian is Fellow at Harvard University's Law School, and an Instructor at Harvard T.H. Chan School of Public Health. She was on the faculty of Harvard Kennedy School for 30 years. At Harvard, Professor Kaboolian has been faculty chair and primary architect of a number of flagship executive education programs including Senior Executives in State and Local Government and Negotiation for Public Managers. These programs focus on cognitive skills as well as the emotional and non-rational dimensions of human interaction and public problem solving. A specialist in discussion based learning, she has facilitated simulation exercises for managers and policymakers around the world.

Her research and teaching focus on multi-stakeholder problem solving processes around workplace and public policy issues. She works with labor, management and community groups around improved organizational performance and service to diverse communities. She has a number of projects in public education and the water industry. Her new book, *Win-Win Labor-Management Collaboration in Education* was published this year. She co-authored *Working Better Together: A Practical Guide for Union Leaders, Elected Officials and Managers* and *The Concord Handbook* distilling several years of fieldwork about organizations that bridge racial, ethnic and class divides. While she now serves as a neutral mediator, she was an elected officer and chief bargainer of a union, and a senior manager in the federal government. She has also served in the state and local and non-profit sectors.



Nancy Kane

Harvard T.H. Chan School of Public Health

Dr. Kane's research focuses on the financial and strategic performance of health care organizations.

Dr. Kane directs the Masters in Healthcare Management Program, an executive leadership program created for mid-career physicians leading healthcare organizations. She teaches in Executive and Masters Degree programs in the areas of health care financial accounting and analysis, payment systems, and competitive strategy.

Professor Kane consults with a wide range of federal and state agencies involved in health system design, oversight, and payment, including serving two terms (2005-2011) as a member of the Medicare Payment Advisory Commission, an agency advising the U.S. Congress on issues affecting the Medicare Program, and as a member of the Massachusetts Special Commission on Health Care Cost Containment in 2009. She won the 1997 Taplin Award for Translation of Ideas into Public Benefit for her work on creating financial transparency of nonprofit hospitals and their community benefit activities.

Dr. Kane earned her Masters and Doctoral Degrees in Business Administration from Harvard Business School.



Rosabeth Moss Kanter

Harvard Business School

Chair and Director, Harvard Advanced Leadership Initiative

Rosabeth Moss Kanter holds the Ernest L. Arbuckle Professorship at Harvard Business School, where she specializes in strategy, innovation, and leadership for change. She is also Chair and Director of the Harvard University Advanced Leadership Initiative, an innovation that helps successful leaders at the top of their professions apply their skills to national and global challenges in their next life stage. A collaboration across all of Harvard, the Advanced Leadership Initiative aims to build a new leadership force for the world. Her latest book, *MOVE: Putting America's Infrastructure Back in the Lead*, a New York Times' Book review Editor's Choice, is a sweeping look across industries and technologies shaping the future of mobility and the leadership required for transformation.

Her strategic and practical insights guide leaders of large and small organizations worldwide, through her teaching, writing, and direct consultation to major corporations and governments. The former chief Editor of Harvard Business Review, Professor Kanter has been repeatedly named to lists of the "50 most powerful women in the world" (Times of London), and the "50 most influential business thinkers in the world" (Thinkers 50). She has received 24 honorary doctoral degrees, as well as numerous leadership awards, lifetime achievement awards, and prizes. These include the Academy of Management's Distinguished Career Award for scholarly contributions to management knowledge; the World Teleport Association's "Intelligent Community Visionary of the Year" award; the International Leadership Award from the Association of Leadership Professionals; and the Warren Bennis Award for Leadership Excellence.

She is the author or coauthor of 19 books. Her book *The Change Masters* was named one of the most influential business books of the 20th century (Financial Times). *SuperCorp: How Vanguard Companies Create Innovation, Profits, Growth, and Social Good*, a manifesto for leadership of sustainable enterprises, was named one of the ten best business books of 2009 by Amazon.com. A related article, "How Great Companies Think Differently," received Harvard Business Review's 2011 McKinsey Award for the year's two best articles. *Confidence: How Winning Streaks & Losing Streaks Begin & End* (a New York Times business bestseller and #1 Business Week bestseller), describes the culture of high-performance organizations compared with those in decline and shows how to lead turnarounds, whether in businesses, schools, sports teams, or countries. *Men & Women of the Corporation*, winner of the C. Wright Mills award for the best book on social issues and called a classic, offers insight into the individual and organizational factors that promote success or per-

petuate disadvantage; a spin-off video, *A Tale of 'O': On Being Different*, is a widely-used tool for diversity training. A related book, *Work & Family in the United States*, set a policy agenda; later, a coalition of university centers created in her honor the Rosabeth Moss Kanter Award for the best research on work/family issues. Another award-winning book, *When Giants Learn to Dance*, showed how to master the new terms of competition at the dawn of the global information age. *World Class: Thriving Locally in the Global Economy* identified the rise of new business networks and dilemmas of globalization, a theme she continues to pursue in her new book *MOVE* and the Harvard Business School U.S. Competitiveness Project.

Through her consulting arm, Goodmeasure Inc., she advises numerous CEOs and has partnered with IBM on applying her leadership tools from business to other sectors as a Senior Advisor for IBM's Global Citizenship portfolio. She has served on many business and non-profit boards, such as City Year, the urban "Peace Corps" addressing the school dropout crisis through national service, and on a variety of national or regional commissions including the Governor's Council of Economic Advisors. She speaks widely, often sharing the platform with Presidents, Prime Ministers, and CEOs at national and international events, such as the World Economic Forum in Davos, Switzerland. Before joining the Harvard Business School faculty, she held tenured professorships at Yale University and Brandeis University and was a Fellow at Harvard Law School, simultaneously holding a Guggenheim Fellowship. Her Ph.D. is from the University of Michigan.



Howard K. Koh

Harvard T.H. Chan School of Public Health
Faculty Co-Chair, Harvard Advanced Leadership Initiative

Dr. Howard K. Koh is Professor of the Practice of Public Health Leadership and Director of the Leading Change Studio at the Harvard School of Public Health. From 2009-2014, Dr. Koh served as the 14th Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), after being nominated by President Barack Obama and confirmed by the U.S. Senate.

During that time he oversaw 12 core public health offices, including the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps, 10 Regional Health Offices across the nation, and 10 Presidential and Secretarial advisory committees. He also served as senior public health advisor to the Secretary. During his tenure, he championed the critical public health dimensions of the Affordable Care Act, promoted the enrollment of underserved populations into health insurance coverage and was the primary architect of landmark HHS strategic plans for tobacco control, health disparities and chronic hepatitis. He also led interdisciplinary implementation of Healthy People 2020 and the National HIV/AIDS Strategy as well as initiatives in a multitude of other areas, such as nutrition and physical activity (including HHS activities for Let's Move!), cancer control, adult immunization, environmental health and climate change, women's health, adolescent health, Asian American and Pacific Islander health, behavioral health, health literacy, multiple chronic conditions, organ donation and epilepsy.

Dr. Koh previously served at Harvard School of Public Health (2003-2009) as the Harvey V. Fineberg Professor of the Practice of Public Health, Associate Dean for Public Health Practice and Director of the Harvard School of Public Health Center for Public Health Preparedness. He has published more than 250 articles in the medical and public health literature in areas such as health reform, disease prevention and health promotion, health disparities, tobacco control, cancer control, melanoma and skin oncology, public health preparedness, health literacy and public health leadership.

Dr. Koh was Commissioner of Public Health for the Commonwealth of Massachusetts (1997-2003) after being appointed by Governor William Weld. As Commissioner, Dr. Koh led the Massachusetts Department of Public Health, which included a wide range of health services, four hospitals, and a staff of more than 3,000 professionals. In this capacity, he emphasized the power of prevention and strengthened the state's commitment to eliminating health disparities. During his service, the state

saw advances in areas such as tobacco control, cancer screening, bio-terrorism response after 9/11 and anthrax, health issues of the homeless, newborn screening, organ donation, suicide prevention and international public health partnerships.

Dr. Koh graduated from Yale College, where he was President of the Yale Glee Club, and the Yale University School of Medicine. He completed postgraduate training at Boston City Hospital and Massachusetts General Hospital, serving as chief resident in both hospitals. He has earned board certification in four medical fields: internal medicine, hematology, medical oncology, and dermatology, as well as a Master of Public Health degree from Boston University. At Boston University Schools of Medicine and Public Health, he was Professor of Dermatology, Medicine and Public Health as well as Director of Cancer Prevention and Control.

He has earned over 70 awards and honors for interdisciplinary accomplishments in medicine and public health, including the Dr. Martin Luther King Jr. Legacy Award for National Service, the Distinguished Service Award from the American Cancer Society and four honorary degrees. President Bill Clinton appointed Dr. Koh as a member of the National Cancer Advisory Board (2000-2002). He is an elected member of the Institute of Medicine of the National Academies. A past Chair of the Massachusetts Coalition for a Healthy Future (the group that pushed for the Commonwealth's groundbreaking tobacco control initiative), Dr. Koh was named by the New England Division of the American Cancer Society as "one of the most influential persons in the fight against tobacco during the last 25 years." He has also received the 2012 Champion Award from the Campaign for Tobacco Free Kids, the "Hero of Epilepsy" Award from the Epilepsy Foundation and the Baruch S. Blumberg Prize from the Hepatitis B Foundation. He was named to the K100 (the 100 leading Korean Americans in the first century of Korean immigration to the United States) and has received the Boston University Distinguished Alumnus Award. He enjoys the distinction of throwing out the ceremonial first pitch on two different occasions: at Nationals Park in Washington DC on behalf of HHS(2011), and at Fenway Park where he was designated a "Medical All Star" by the Boston Red Sox (2003) in recognition of his national contributions to the field of early detection and prevention of melanoma.

Dr. Koh and his wife, Dr. Claudia Arrigg, are the proud parents of three adult children.



Vilma Martinez-Dominguez
YWCA of Greater Lawrence

Vilma Lora serves as Director of Social Justice Initiatives for the YWCA of Greater Lawrence and as coordinator of the Mayor's Health Task Force.



John E. McDonough

Harvard T.H. Chan School of Public Health

John E. McDonough, DrPH, MPA is Professor of Public Health Practice in the Department of Health Policy & Management at the Harvard T.H. Chan School of Public Health and Director of the HSPH Center for Executive and Continuing Professional Education.

In 2010, he was the Joan H. Tisch Distinguished Fellow in Public Health at Hunter College in New York City. Between 2008 and 2010, he served as a Senior Advisor on National Health Reform to the U.S. Senate Committee on Health, Education, Labor and Pensions where he worked on the development and passage of the Affordable Care Act.

Between 2003 and 2008, he served as Executive Director of Health Care for All, Massachusetts' leading consumer health advocacy organization, where he played a key role in passage and implementation of the 2006 Massachusetts health reform law. Between 1998 and 2003, he was an Associate Professor at the Heller School at Brandeis University and a Senior Associate at the Schneider Institute for Health Policy. From 1985 to 1997, he served as a member of the Massachusetts House of Representatives where he co-chaired the Joint Committee on Health Care.

His articles have appeared in *Health Affairs*, the *New England Journal of Medicine* and other journals. He has written three books, *Inside National Health Reform*, published in September 2011 by the University of California Press and the Milbank Fund, *Experiencing Politics: A Legislator's Stories of Government and Health Care* by the University of California Press and the Milbank Fund in 2000, and *Interests, Ideas, and Deregulation: The Fate of Hospital Rate Setting* by the University of Michigan Press in 1998.

He received a doctorate in public health in 1996 from the School of Public Health at the University of Michigan and a master's in public administration from the John F. Kennedy School of Government at Harvard in 1990.



Eileen McNeely

Harvard T.H. Chan School of Public Health

Dr. McNeely conducts research and teaches in the Environmental Occupational Medicine and Epidemiology Program. She has worked as a consultant, researcher, clinician, and educator in the field for over twenty years. She is Co-Director of SHINE at the Center for Health and the Global Environment; she co-leads the initiative for the sustainability of health and human capital in the workplace.

Dr. McNeely has extensive experience in the areas of environmental epidemiology, occupational and community health, health promotion and wellness programs, health services policy and management. Her experience spans numerous industries including mining, petrochemicals, biotechnology, health care, railroad and airline transport, postal operations, aircraft manufacture, nuclear weapons production, storage and clean up. She completed an internship at the Occupational Health and Safety Administration in Washington D.C., evaluating the impact of regulations on the chemical industry. She has consulted both nationally and internationally.

Besides her experience in occupational health and epidemiology, her doctoral study in health policy from the Heller School at Brandeis University informs her approach to positioning sustainable health policies as a value proposition. From a corporate perspective, she is interested in understanding the organizational dynamics that move companies beyond mitigating hazards and waste to creating and promoting beneficial exposures or experiences that sustain and enhance health at the local and global level. She received her clinical training as a Nurse Practitioner from the University of Connecticut.



Marjorie Paloma
Robert Wood Johnson Foundation

Marjorie Paloma, senior director, leads the Foundation's efforts cultivating strategic relationships and partnerships to advance a Culture of Health. Paloma believes that the Foundation is uniquely positioned to leverage research, investments, leadership, relationships, and networks to create timely and enduring social change. A society where health is a shared value for all demands leadership and collaboration across multiple sectors—health, education, transportation, housing, urban planning, architecture, and more. And she feels that “businesses have a tremendous role to play in shaping our nation's health.”

Most recently, she played an integral role in coordinating and supporting the Foundation's strategic thinking efforts from which the Culture of Health vision emerged. Working at the executive level, Paloma's efforts focus on engaging businesses, policymakers, community leaders, and philanthropy to support actions that make it easier for people to make healthy choices in the communities where they live, learn, work, and play. In addition, she oversees the Foundation's funding in New Jersey.

Prior to joining the Foundation, Paloma staffed the Wisconsin Tobacco Control Board, an 18-member governor-appointed board. In this capacity she provided guidance in the development and execution of a state tobacco control strategy and organized the state and local policy advocacy efforts. She believes that this experience showed her how bringing diverse partners to the table can create the power and influence to achieve enduring change. “It wasn't your typical group. It was made up of elected officials with opposing political views, high school students, a medical school dean, a prominent business owner, community leaders and advocates. From their differing perspectives and viewpoints, we chose a collective goal. And what emerged was a laser focus and unwavering commitment to improving the health of Wisconsin's residents.”

Born in Baltimore, Paloma earned an MPH from the Columbia University Mailman School of Public Health, and a BA in biology from the College of Notre Dame of Maryland. She resides with her wife in Central N.J. and has two children. She enjoys live music and cooking ethnic food and has plans to hike every national park in her lifetime.



Nicolaas “Nico” P. Pronk

HealthPartners

Harvard. T. H. Chan School of Public Health

Dr. Nico Pronk is President of the HealthPartners Institute and Chief Science Officer at HealthPartners, Inc. and holds a faculty appointment as Adjunct Professor of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health in Boston, Massachusetts.

Dr. Pronk’s work is focused on connecting evidence of effectiveness with the practical application of programs and practices, policies and systems that measurably improve population health and well-being. His work applies to the workplace, the care delivery setting, and the community and involves development of new models to improve health and well-being at the research, practice and policy levels.

Currently, Dr. Pronk serves as co-chair of the U.S. Secretary of Health and Human Services’ Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (aka Healthy People 2030) and is a member of the Community Preventive Services Task Force. He was the founding and past president of the International Association for Worksite Health Promotion and has served on boards and committees at the National Academies of Science, Engineering, and Medicine, the American Heart Association, the Health Enhancement Research Organization, among others.

He is widely published in both the scientific and practice literatures and is a national and international speaker on population health and health promotion. Dr. Pronk received his doctorate degree in exercise physiology at Texas A&M University and completed his post-doctoral studies in behavioral medicine at the University of Pittsburgh Medical Center at the Western Psychiatric Institute and Clinic in Pittsburgh, Pennsylvania.



John A. Quelch

Harvard Business School
Harvard T.H. Chan School of Public Health

John A. Quelch is the Charles Edward Wilson Professor of Business Administration at Harvard Business School. He also holds a joint appointment at Harvard T.H. Chan School of Public Health as Professor in Health Policy and Management. In addition, he is a Fellow of the Harvard China Fund, a Member of the Harvard China Advisory Board and Associate in Research at the Fairbank Center for Chinese Studies.

Between 2011 and 2013, Professor Quelch was Dean, Vice President and Distinguished Professor of International Management at CEIBS, China's leading business school. Between 2001 and 2011, he was the Lincoln Filene Professor of Business Administration and Senior Associate Dean at Harvard Business School, teaching Marketing in the Advanced Management Program. He served as Dean of London Business School from 1998 to 2001. Prior to 1998, he was the Sebastian S. Kresge Professor of Marketing and Co-Chair of the Marketing Unit at Harvard Business School.

Professor Quelch is known for his teaching materials and innovations in pedagogy. Over the past thirty-five years, his case studies have sold over 4 million copies, third highest in HBS history. In 1995, he developed the first HBS interactive CD-ROM exercise (on Intel's advertising budgeting process). In 1999, he developed and presented a series of twelve one hour programs on Marketing Management for the Public Broadcasting System. He currently teaches "Strategic Marketing Management" in the HBS Advanced Management Program and an elective course titled, "Consumers, Corporations and Public Health" to both MBA and MPH students. He also chairs the executive education program "Customer-Driven Strategies for Health Care Professionals" and is co-chair of the conference "Building A Culture of Health: A New Imperative for Business."



Joan Quinlan
Massachusetts General Hospital

Joan Quinlan is the Vice President for Community Health. She has led the MGH Center for Community Health Improvement, and its predecessor, the MGH Community Benefits Department, since 1995. Prior to joining MGH in 1995, Joan was the administrative director of the Boston Health Care for the Homeless Program (1990-1995) and the Advisor on Women's Issues to Massachusetts Governor Michael S. Dukakis (1983-1987), where she worked on issues of concern to low-income women, such as child care and teen pregnancy.

She holds a BA in English literature from Boston College, and a Masters in Public Administration from the Kennedy School of Government at Harvard University.



Douglas Rauch

2010 Advanced Leadership Initiative Fellow

2011 Senior Advanced Leadership Initiative Fellow

Former president of Trader Joe's and founder of Daily Table, Doug Rauch, reveals how he plans to water food deserts by minimizing food waste – and why cultural humility is vital to the task.

In his 31 years with Trader Joe's, the last 14 years as a President, Doug Rauch played a pivotal role in helping grow the business from a small group of convenience stores in Southern California to a beloved and highly successful national supermarket chain. After retiring from Trader Joe's in 2008, Doug was a Fellow at Harvard's Advanced Leadership Initiative, where he first incubated the ideas of solving urban food insecurity problems by figuring out how to optimize wasted food. His brainchild, Daily Table, opened its first store in Dorchester, Massachusetts in June 2015 after forging close ties within the community. The not-for-profit grocery store features delicious and nutritious produce and ready-to-go meals at junk food prices. Doug is also CEO of Conscious Capitalism.



Rob Restuccia Community Catalyst

Robert Restuccia is the Executive Director of Community Catalyst, a national non-profit organization founded in 1998 to build state-level advocacy networks and consumer leadership to improve health and health care in America.

Rob has built Community Catalyst into one of the most respected and effective consumer advocacy organizations in the country. Under his leadership, Community Catalyst has established an impressive track record of working with national, state and local partners to achieve health care reforms in more than 40 states and at the federal level. Community Catalyst has led successful national campaigns to expand children's health coverage, curb conflicts of interests created by pharmaceutical marketing, protect consumer interests in hospital and insurer conversions, strengthen hospital community benefits and protect Medicaid from federal and state budget cuts.

Rob has a long history of fighting for the right to health care. He was a founder of Health Care For All in Massachusetts and became its Executive Director in 1989. During his tenure, he led numerous successful campaigns to expand Massachusetts residents' health coverage. He also worked closely with Dr. Robert Master on the creation of the Commonwealth Care Alliance, a consumer-governed, non-profit organization offering a full spectrum of medical and social services for people with complex health care needs.

Rob has a bachelor's degree from Harvard University and a master's degree in Public Administration from The John F. Kennedy School of Government at Harvard University. He is an adjunct professor at the Boston University School of Public Health. Rob serves on the Board of Directors of the Blue Cross Blue Shield of Massachusetts Foundation and the Commonwealth Care Alliance. He has been a recipient of numerous awards for his work including the Families USA Health Care Advocate of the Year Award, the Massachusetts Health Council Award, Gail Douglas Award for Public Health Practice and the Boston University School of Public Health Teaching Award.

Community Catalyst works to ensure consumer interests are represented wherever important decisions about health and the health system are made: in communities, courtrooms, statehouses and on Capitol Hill.



Meredith Rosenthal

Harvard T.H. Chan School of Public Health
Faculty Co-Chair, Harvard Advanced Leadership Initiative

Dr. Rosenthal received her B.A in International Relations (Commerce) from Brown University in 1990 and her Ph.D. in Health Policy (Economics track) from Harvard University in 1998. Her research focuses primarily on policies that will help slow the growth in healthcare spending. These efforts include changes in payment incentives, benefit design, and the provision of information and behavioral “nudges” to both patients and providers. Her research has influenced the design of provider payment systems in both the public and private sectors.

She has advised federal and state policymakers in healthcare payment policy and implementation. She has also testified in Congressional hearings on direct-to-consumer advertising of prescription drugs and pay-for-performance and in legislative hearings in California and Massachusetts concerning healthcare provider payment and benefit design policies.

During the 2008 presidential campaign and post-election transition, she provided policy analyses to Barack Obama’s healthcare team regarding opportunities for Medicare payment reform, pay for performance, and cost control. Her work has been published in the *New England Journal of Medicine*, the *Journal of the American Medical Association*, *Health Affairs*, and numerous other peer-reviewed journals. In 2014, Dr. Rosenthal was elected to the Institute of Medicine (recently renamed the National Academy of Medicine).

Dr. Rosenthal is a member of the Committee on Higher Degrees in Health Policy, a member of the Massachusetts Public Health Council, and Board Chair of Massachusetts Health Quality Partners, a multi-stakeholder quality improvement organization. She works closely with the Dean’s Advisory Committee on Diversity and Inclusion (DACDI) on strategic planning and issues related to diversity affecting all members of the School community.



Frank Shea
Urban Edge

Frank joined Urban Edge as Chief Executive Officer (CEO) in 2015. Prior to Urban Edge, he served as Executive Director at Olneyville Housing Corporation in Rhode Island for 15 years. He led Olneyville from a struggling period, with two staff members and an annual budget of \$100,000, to a staff of fourteen, with an annual operating budget of \$1.6M, and more than \$35M invested in the neighborhood.

Frank has more than 20 years of experience with federal and state affordable housing and community development programs and extensive experience implementing strategic partnerships. While serving as Executive Director at Olneyville Housing Corporation, Frank simultaneously served as Interim Executive Director for one year with an organization in the midst of a significant financial and programmatic crisis.



Rachelle Sico
Humana Inc.

Rachelle graduated from Harvard University with a Master's of Public Health in May 2015 with a concentration in Law and Public Health from the Department of Health Policy and Management. She graduated from Loyola University Chicago School of Law with her J.D. in 2014, where she obtained certificates in Health Law and Policy, Advocacy and Public Interest Law.

Rachelle was a Health Law Fellow in Loyola's Beazley Institute for Health Law & Policy from 2012-2014, Health Law Society President from 2012-2013 and a Senior Editor for the Annals of Health Law Journal. She was a 2013-2014 Chicago Schweitzer Fellow for the National Albert Schweitzer Fellowship.



Sara Jean Singer

Harvard T.H. Chan School of Public Health

Dr. Singer's research in the field of health care management and policy addresses the role of organizational leadership and culture in efforts to implement health delivery innovations, integrate patient care, and improve performance of health care organizations. Specific areas of investigation include: (1) patient safety climate, culture, and leadership, (2) integrated patient care, (3) implementation of surgical safety checklists and other health delivery innovations, and (4) organizational learning.

In addition to her research and teaching, Dr. Singer serves as a Co-Chair of the Harvard PhD in Health Policy Program and member of the University Benefits Committee. She is Implementation Research Director for the Safe Surgery 2015 initiative and Evaluation Co-Chair for Massachusetts' Proactive Reduction in Outpatient Malpractice: Improving Safety Efficiency and Satisfaction (PROMISES) program. She has published more than 70 articles in academic journals and books on healthcare management, health policy, and health system reform. Her publications have won numerous awards, including best paper awards from the Academy of Management's Health Care Division in three consecutive years 2009, 2010, and 2011. She was also the recipient of the 2013 Avedis Donabedian Healthcare Quality Award from the American Public Health Association.

Previously Dr. Singer co-founded and served as Executive Director for the Center for Health Policy at Stanford, where she was also a Senior Research Scholar and Lecturer (1993-2003). She also served as Staff Director for the California Managed Care Improvement Task Force (1997-98), a Senior Legislative Assistant for Health Policy in the US House of Representative (1994), and Health Policy Analyst at the Office of Management and Budget (1992).



K. “Vish” Viswanath

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Dr. K. “Vish” Viswanath is the Lee Kum Kee Professor of Health Communication in the Department of Social and Behavioral Sciences at the Harvard School of Public Health (HSPH) and in the McGraw-Patterson Center for Population Sciences at the Dana-Farber Cancer Institute (DFCI). He is also the Faculty Director of the Health Communication Core of the Dana-Farber/Harvard Cancer Center (DF/HCC). Dr. Viswanath is the Associate Director of the Lung Cancer Disparities Center at HSPH. He is also the Leader of the Cancer Risk and Disparities (CaRD) Program of the DF/HCC. And he is the founding Director of DF/HCC’s Enhancing Communications for Health Outcomes (ECHO) Laboratory. He chairs the Steering Committee for the Health Communication Concentration (HCC) at HSPH and teaches health communication courses within this concentration.

Dr. Viswanath’s work, drawing from literatures in communication science, social epidemiology, and social and health behavior sciences, focuses on translational communication science to influence public health policy and practice. His primary research is in documenting the relationship between communication inequalities, poverty and health disparities, and knowledge translation through community-based research to address health disparities. His research is supported by funding from private and public agencies, including the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC).

Before coming to Harvard, Dr. Viswanath was the Acting Associate Director of the Behavioral Research Program, Division of Cancer Control and Population Sciences at the National Cancer Institute (NCI). There, Dr. Viswanath was responsible for scientific and administrative staff and fellows, and oversaw extramural scientific developments in behavioral sciences at NCI. He was also a senior scientist in NCI’s Health Communication and Informatics Research Branch. He went to NCI from Ohio State University, where he was a tenured faculty member in the School of Journalism and Communication with an adjunct appointment in the School of Public Health. Dr. Viswanath was also a Center Scholar with Ohio State’s Center for Health Outcomes, Policy, and Evaluation Studies. Dr. Viswanath received his doctoral degree in Mass Communication from the University of Minnesota.



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