

THURSDAY, MARCH 19, 2015

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DIALOGUE4HEALTH WEB FORUM

ADVANCING PREVENTION AND POPULATION HEALTH:

NEW YEAR, NEW EFFORTS, NEW OPPORTUNITIES

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>> Joanna Hathaway: Hello and welcome to Advancing Prevention and Population Health: New Year, New Efforts, New Opportunities.

My name is Joanna Hathaway. I will be running today's Web forum along with my colleague, Holly Calhoun.

Closed captioning will be available throughout today's Web forum. Karen with Home Team Captions will be providing the captioning. Closed captioning will be available in the Media Viewer panel. The Media Viewer panel can be accessed by clicking on the icon of a small circle with a film strip running through it. On a PC, that should be located in the upper right corner of your screen. On a Mac it should be located in the bottom right corner of your screen. In the Media Viewer you will see the show/hide header text. Please click on this in order to see more of the live captioning.

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The audio portion of the Web forum can be heard through your computer speakers or headset plugged into your computer. If at any time you are having technical difficulties regarding audio, please write a question in the Q&A panel, and Holly and I will provide the information for you.

Once the Web forum ends today, a survey evaluation will open in a new window. Take a moment to complete the evaluation as we need your feedback to improve the forums. The recording and presentation slides will be posted on the website at www.dialogue4Health.org.

We would like to invite you to connect with us via Twitter and Facebook. Both links are on the screen now.

We are encouraging you to ask questions throughout today's presentation. To do so simply click the question mark icon. Type your question in and hit "send." Please send your question to all panelists. We will be addressing questions both throughout and at the end of the presentation.

We will be using the polling feature to get your feedback during the event. The first poll is on the screen now. Please select your answer from the available choices and click the submit button. I am attending this Web forum in a group of two to five people, in a group of six to ten people, in a group of more than ten people?

I'm sorry I didn't say individually which is the first option.

Remember, once you selected your answer please click "submit."

Once you are done with the poll question click on the Media Viewer icon if needed to bring back the closed captioning.

It is my pleasure to interview Matthew Marsom who will be moderating our Web forum. As Vice-president for Public Policy and Programs for the PHI, he works to advance the domestic and global health programs, identifying opportunities to strengthen program impact and promote cross-program collaboration. Matthew is also responsible for designing and implementing strategy, for monitoring and

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influencing public policy, legislation, and regulations affecting PHI projects and public health policy relative to PHI's interests.

Welcome, Matthew, and go ahead.

>> Matthew Marsom: Thank you very much, Joanna. Hello, everybody.

Welcome to the next Dialogue4Health Web forums that focus on prevention and population health in the United States. Today's forum is Advancing Prevention and Population Health: New Year, New Efforts, New Opportunities.

And just to let everybody know that the slides and audio, all the presentations from today will be available to download from the Dialogue4Health website. We have a tremendous conversation today for you. I think it is going to be incredibly valuable.

I want to thank and acknowledge the sponsors and supporters of today's Web forum: American Public Health Association, Prevention Institute, and Trust for America's Health. This slide will also be available to you. But I invite you to go to the resource pages and websites where you can find more information on the work they are doing and also the resources they have available to support and protect prevention and population health. Please do access those resources. I also want to acknowledge and thank our presenters today. We are really excited for our panel. And I do want to note that our first person named there in the slide in front of you, Andi Fristedt, will be the last to join us. She has a PAC day on Capitol Hill and she will join later.

Karen Sever Hill is with the Children's Hospital Association and Chris Tholkes is at the Minnesota Department of Health. So thank you to our panelists. We look forward to hearing from them all today.

Quickly to highlight the objectives for today's forum. We will learn about how children's hospitals are working to advance health and learn about strategies to build support for continuing public investments in health, and hear a Congressional update about the current national funding landscape for public health. There is a critical tool, and I encourage you to participate using the Q&A feature. We will just have a quick reminder in a moment about that.

First I want to go to poll 2. If we can, please, bring up poll two on the screens.

The polls, as a reminder on the right-hand side of your screen. We do encourage you to the extent that you can, please do reply and respond. It's valuable to get live feedback from you, the audience. And so please let us know: Are you a current recipient or sub-recipient of any of the following government funding? Please select all that apply. I'll just quickly review them.

A, State and Local Public Health Actions to Prevent Obesity, Diabetes and Heart Disease.

B, Partnership to Improve Community Health, known as PICH.

C, Racial and Ethnic Approaches to Community Health, known as REACH.

D, National Implementation and Dissemination for Chronic Disease Prevention.

E, State Public Health Actions to Prevent Control of Diabetes, Heart Disease, Obesity and Associated Risk Factors.

And F, Comprehensive Approach to Good Health and Wellness in Indian Country.

And G, other.

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I ask you to please address that if you mark others.

The closed captioning is on the right. If you have challenges with the audio or if for any reason you need closed captioning, it's there on the right-hand side of your screen.

The Q&A feature is on the right. I encourage you to send in questions and comments for the panelists. You can do that on the right-hand side. Please use the Q&A feature during this conversation.

Okay. And with that, I'm pleased to again introduce the first speaker in our panel, Karen Sever Hill, the Director of Child Advocacy at Children's Hospital Association based in Washington, D.C. Karen, if you can unmute yourself, over to you.

>> Karen Sever Hill: Thank you, Matthew for that kind introduction. I understand that I will soon get control of my slides. As that is queuing up, thank you very much, Joanna, I want to reiterate my thanks for being included in today's panel. My thanks for the summon soring organizations to bring us together for a dialogue. My comments will be brief, hopefully, so that indeed we can dialogue as Matthew is encouraging us to do either through the chat function or when we have the chance to unmute your lines, I welcome your comments and questions. As I understand it I have two charges. The first is to hopefully increase your understanding of the role are of children's hospitals in population health. This is a dynamic program for children's health and articulate more about my organization and how it is contributing to a growing national dialogue and evolving need to transform how we lead improvements in population health. So that is --

>> Matthew Marsom: Yes, if you click on your -- there you go. You got it.

>> Karen Sever Hill: I've got it. That is my initial disclaimer. I want to orient you to who we, what we do. The Children's Hospital Association is to advance children's health through quality, cost than and delivery of care with children's hospitals, through advocacy and quality safety and performance functions. Our association does seek to address that through strategic health strategies. These are the ones that get to the heart of delivering better care, better payments, and performance for our kids.

Our association also creates and deploys a series of backbone styled infrastructure building supports for our hospital members. So that they can be more successful in this mission of improving health.

Such as comparative data programs, analytic solutions, all of these that help children's hospitals achieve a level of excellence for children in their care.

Excellence and quality cost and delivery for care is cornerstone of children's hospital and it is paired with our ongoing commitments to training, outreach and advocacy. Advancing care for exceptional kids act I highlight as one active piece of legislation up on the Hill. Perhaps our colleague Andi might note this later and be familiar. And this is an example of how our organization hones in specifically to address specifically populations of kids. In this case the ACE Kids act aims to address the needs of medically strong children and we have a strong grassroots base of community supporters within the children's hospitals and the families and patients they true. We hope through a PCCI grant in our hands we will have

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patients in the US -- I know we have an international audience on the phone. In turn they will engage 10,000 patients and serve as our proof of concept. What can we do truly to improve care delivery for a subpopulation in this styled management that we believe will have better outcomes for this population of kids and be a translation tool for other populations.

I say all this to make specific note that yes, we have a commitment to medically complex children and it's an appropriate extension of our responsibility as children's hospitals. This is the best environment for those children's care and that family's ongoing support. But I think especially pertinent for today's conversation that is one aspect of a children's hospital role. And one type of population for whom those hospitals can work to elevate the overall health and health potential of all kids.

And if you walk away with one thing today, please walk away with the understanding of that dynamic and dual role of healthcare providers and institutions committed to creating health for kids.

As you know in this slide we are all very aware that our commodity driven healthcare system is not generating the optimum healthy development of kids. This is no news to you. Even if we provide the best possible care inside the four walls of our hospitals we are still not creating the most optimum and healthy population of children. Therefore, with that acknowledgment, our organization, the Children's Hospital Association has created a pivot point. At the end of 2014 and with vigor in 2015. We are setting course in a new direction that is consistent with what this community here on the phone and on the Webex recognize as a commitment to population health. We know that this direction is not sewn out of whole cloth. We know that we are standing on the backs of many pioneering organizations such as our sponsors today and the community partners and the community that has been the community health infrastructure in the United States for decades.

We too have a decade worth of work here at our association where we addressed with rigor the leading contemporary health problems for kids which had been for our work a focus on unintentional injury, child abuse and neglect and obesity. We know and we will rely on those cornerstones to lead us forward to a new direction that is more consistent with the demands of population health. How are we ready to do this? Yes, I introduced children's hospitals as a place for complicated sick care, education and training of pediatric workforce, things you might think of inside the four walls. But I would like you to recognize there is a long and lasting legacy behind the children's hospital that made it in some cases made it for centuries a community partner. These oldies but goodies style photos in front of you today remind you for the majority of children's hospitals in the U.S. that are over 100 years old they can all tell a similar story of roots in philanthropic and social activist, typically women, who are looking to establish a hospital that would address the unique needs of kids. Often times they were an extension of a religious ministry or manifestation of a philanthropic mission but they were established to address the unique needs of kids and their health. All of the U.S. hospitals are not for profit and tax exempt. They are mission driven and

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they keep eyes pointed out of the hospital to make better for kids and their health.

For example, although Cincinnati Children's was established in 1886 it is telling to hear their first board -- excuse me, their first pediatric chair say: Unless the hospital is interested in the prevention as well as the cure of disease we have all of us failed to function to its fullest extent. This is in 1926.

There you go, an organization that can turn to 85 years of trying to do things for kids well, as well as address their sick needs.

We know that is going to position us well. As a touch stone to address population health.

But one of those challenges is, it is not intuitive to all persons. The community of children's hospitals are diverse, as everybody is on this call. And they are currently challenged to imagine their role in a U.S. healthcare system that involves from what is traditionally a healthcare system and to a population health generating system. So I asked a children's hospital colleague of ours. How is it that you are articulating what this change looks like? What is the language? What are the terms that you use to reorient your colleagues to get them to work with you to evolve from sick care delivery to one that meets the demands of creating health for children in a value-driven system?

I appreciate and I stole wantonly the words from this colleague because it helps very clearly understand what is the language that has been culturally consistent within a hospital and healthcare delivery system to what is a transitional and expansive vision and model and how they do that for themselves. This serves as a good cheat sheet for some of the colleagues on the phone that may not know the beginning of how to communicate with your region or communities' children's hospital. This gives you a sense of their mind set and how they are changing mind set.

One of the things that probably is not at all surprising to this organization, certainly was a wake up call to us and my team when we decided to recalibrate our work to address population health was this challenge of coming to terms with the terms. You have certainly been there, I'm sure, when the term population health and the understanding of health have been deployed differently, the understanding used differently.

It was important for us to level set our understanding to have common language to rally around definitions that were readily accessible and became a common part of our nomenclature. This is clearly something that is familiar to folks on today's call, but I want to underscore that as colleagues and community colleagues we need to be particular about what we mean and what we say. We are going to do that to reorient Children's Hospital Association work. We are committed to asking what population is it that we are referring to? And as simple as that sounds we know that many of our children's hospitals begin their meetings with community partners, with strategic planners and other leadership in their institution or health system and they ask that very question: What is it? What is this population that we are talking about today, just so we can all be clear?

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As mentioned it is especially helpful for us. In our industry we have this dual and fluid role that, and interest in both the health of specific populations such as the medically complex or chronic children and also the interests of the health of entire populations, our geopolitical community. Defining who it is we are speaking to is really critical in our work moving forward.

One of the other things I would like you to walk away with today in today's brief remarks is that there is tremendous diversity among children's hospitals. They may be small in number, perhaps 200 to 30 or so who are members of our association. Those children's hospitals range in diversity as they are free standing. They operate within a larger hospital or system, or they are a large peds unit within an academic center or a specialty non-acute center. With the diversity of membership and in stripes, it is not surprising that we have a tremendous diversity in how a children's hospital addresses population health. This reflects local markets. Fluctuations, the resources they have in hand, their legacy strengths and their community priorities.

You should expect that children's hospitals will exist across a range of sophistication and engagement, that they are working to learn and deploy a new set of skills and of infrastructure and understanding that will either be needed to lead, convene, or contribute otherwise in population health. They will need to find themselves plotted around the circle that you see here. This circle of circles illustrates if we have a common goal of healthier children and families, then our children's hospitals need to spend concerted time figuring out which, quote-unquote, player they are and contributing to that goal. No one entity owns the health or is able to fully be responsible for it, but owning our space is important. This sets up a challenging new opportunity for children's hospitals to discern when and where they lead and when and where they follow.

I want to take a moment to give you a snapshot of the diversity and approach. No, I'm not here to tell the full story of any children's hospital. One, I want to share insight so I can illustrate this point of diversity that I just made. Two, that I can maybe highlight some markers along that journey and continuum in public health investment that I mentioned as well. These would be snapshot stories that could be filled in in great detail. Hopefully some are familiar to you. We see the diversity of hospitals. If you see a hospital like Cook's that has a long-standing commitment to health improvement, they have a health delivery system that enables them to do ground breaking work in community needs assessment and end up with data that they believe is by the people, for the people. There is common access to health indicators. Hospitals make, this hospital makes a significant investment in building community capacity so that they are partners in communities and can act on that health indicator information. It really becomes live in community with the help and backbone of an organization like children's. You see the logo of University of Vermont, this is different than Children's Hospital. This is a rural hospital in a small state that operates statewide for all pediatric health and wellness. There is a chairman belovedly known as THE pediatrician in Vermont. There is heavy emphasis in what they do to train a pediatric population so that the trainees engage in community-driven health.

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That is their calling and building infrastructure in a community directed towards elevating health.

Across over at Children's Wisconsin, a common challenge among children's hospital, the David and Goliath. This is the largest social service agency within that hospital, the only children's hospital that has a whole foster care and adoption component. They need to partner with Davids in their community, collaboration to elevate the capacity of those smaller community partners and finding their role. That is a common challenge among big academic institutions to try to help their community partners build collateral and competencies on their own and collaborate appropriately and swing that weight of Goliath where it is missed.

American families across the street in Madison, Wisconsin, a hospital that operates on a larger system that has assets in a larger system but is challenged because the children's hospital is one piece of the health system. You should recognize that happens in many, many, many communities and regions across the United States. The children's hospital is more challenged to get community health needs assessment information that is specific to pediatrics and more challenged to figure out how to specify that work around the peds population. However, the asset there that you can see at American family is their positioning, their halo effect, their reputation as a community convener and collaborator in a way that the university cannot manage. They have an asset to bring the same way.

Another example that you see there is Children's Hospital of Philadelphia. That is just a reminder to all of us that sometimes the big and mighty have a diffused approach to population health. In this case Children's Hospital of Philadelphia uses community health needs data that is required to drive implementation plans as a hook and carrot to get the staff and faculty to invest and develop small community-faced programming. They use a leveraged regranteeing program so that faculty can access dollars to address a specific need that was noted on the communities health needs assessment. It is a great way to keep faculty in the community and aware in a big academic institution and a great way to try to attract staff and have staff retention.

Lastly you have an organization like rainbow babies operating within a large system. They have a highly centralized community benefit function housed in the children's hospital. They have the benefit of CCMI grant dollars and their grant is on a shared savings model. It is successful but begs big questions we are learning about the sustainability of the health drive that they are all aspiring to. They put their money where their mouth is. They are tied to community goals. I cherry-picked some of the strengths, weaknesses, some of the approaches to a children's hospital. It is just a snapshot of the story. In the same way it is important to know what the hospital leadership deal with. The CEOs have a lot of questions about how to be successful in population health. Here is a snapshot of some of the things that they ask themselves, they ask of their boards, they ask of their strategic development staff, they ask of our association. This puts you a little bit in the mind of the leadership of a hospital, children's hospital or

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otherwise. If you are looking to partner with them or to set expectations for what they are looking for to feel successful and appropriate children's health. What will our organization be doing and what can you expect from us? Hopefully the opportunity to partner. There are tools we will use as we reengage our children's hospitals in more sophisticated approach to children's health. We will use a variety of tools in our arsenal. The quarterly magazine, health today, is great to share stories of health. We have one launching next week, there will be a new home for our resources in population health. Look there. We are developing webinar series as well as other virtual and other collaboration platforms for our children's hospital colleagues to do the improvement that they expect from an organization such as ours.

Ultimately that is going to put us in a place where we can capitalize on their expertise and the expertise, I hope, of allied organizations such as our conveners today and those around the table. I leave you hopefully with enough information so you will be intrigued to learn more about children's hospital role in your community so you see us as an asset to unlock the keys to partnering well and consider our organization as well.

Matthew, with that I'm happy to take questions or be part of the dialogue at the end of today's talk. Whichever you prefer.

>> Matthew Marsom: Thank you so much, Karen. I really do appreciate those incredible remarks. Karen Sever Hill, Director at the Children's Hospital Association. A reminder to the audience, all of the slides as well as the audio will be available to download shortly after today's Web forum. I know many of you will probably were probably scrambling to take notes.

A couple questions came in, so I want to address those. First of all, Theo Walker: Many children with health disparities do not interface with large hospital systems. Are resources available to community health centers who also perform this work?

Is that a question you are able to speak to, Karen?

>> Karen Sever Hill: Humbly I wouldn't want to speak to what is available at community health centers. The onus, if you think back to the circle of circles slide, anyone with expertise in a community will try to bring their part for the benefit. The onus is on community health hospitals, what will address the health disparities? Natural partner would be those health centers. Many act as integrated delivery health systems, they have a phalanx of pediatricians and network through tele-health and other mechanisms to try to build a larger and longer tentacles of knowledge out of what might be traditionally a four-wall academic health center.

>> Matthew Marsom: Another question, Karen. You really laid out the work your organization is doing. I wonder if you can address what your eventual effort is at Children's Hospital Association?

>> Karen Sever Hill: There is part we don't know yet. That's the beauty of starting something new in a new year. It is not one formulated idea. There is something aspirational I will throw out. The opportunity to be alongside of the conveners of this type of dialogue is that it reminds us that there is a large and tall collective order at hand of national organizations to effect real change for

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children and their families. I guess I would offer that, put us out today to consider today an invitation for that type of collaboration. Absolutely. We have a lot to do to make sure that our hospitals are well positioned to make a successful transition to a effective health system. There is a lot to do to provide measurable yardsticks for all of them. The real challenge will be, and I hope we mount it together, to see how our organizations transform health and community.

>> Matthew Marsom: You had a great slide that put up the questions on the minds of a hospital CEO. He or she may be thinking: How do I address this and get to the ultimate outcome I'm trying to achieve. How do you address those questions at CHA or for your partners?

>> Karen Sever Hill: You know, there is something about when a CEO has a question, it's from a particular point of view, right or wrong. There is a unique set of shoes to stand in. And, therefore, one of our first responsibilities and opportunities again is to provide what I nickname a yardstick. Measurable, reliable benchmark-able data between institutions of similar size and sophistication are very important to hospital CEOs to know that they can track progress and that they are moving in a way that makes them consistent with peers, consistent with community expectations and successful as we all migrate in the future. It certainly is our responsibility to help them address that question. Most typically we will do that through some of the collaborative opportunities that bring that level of leadership together. They put a high premium on learning from each other. They also put a high premium on trying to get access to reliable and consistent data to measure impacts. That is a tall order. We know measuring impact is a tall order for population health, you name it. That is a challenge that we will really be challenged to face with them and for them.

>> Matthew Marsom: We have a question on that note as well from Karen Aarons listening in the audience. She appreciates the questions posted about hospital administrators that they might be asking. Are there places to also find the answers to some of those via hospitals who already moved in these directions?

>> Karen Sever Hill: Yes, I think that again we are humbly coming into a very active and busy arena of population health. If you were like me at last, two weeks ago at the ACHI conference, for example, there were lots of interesting presentations, by children's hospitals and other hospitals that are illustrative of their success in population health and measuring some of the proxy measures that show improvement and their ability to strike interesting and sustainable financial partnerships. There are reams of resources that are being proud that most often highlight specific examples.

We are proud, obviously, when children's hospitals are held up as an example. We tend to do the same thing. There is something about the storytelling that is very meaningful. Expect that we would be doing the same. By all means would be interested in the angles of that particular story that folks on this call would find valuable.

>> Matthew Marsom: Thank you, Karen. We'll make sure that we can continue this dialogue after today's forum so we can continue to share those important resources. I want to go back to Thea's question, that PHI recently released

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helpful resources on the website about the important work that community health workers can play to be a bridge in improving health in communities. If you go to the website under the announcements, there are documents including a recent IOM Web paper authored by our CEO Mary Pittman that looks at how community health workers can be part of a key population health strategy as well as really a helpful, what we call a moving graphic. I'm not so up with those terms. Anyway, I definitely recommend that you check that out. I can share the resource in the Q&A before we end today's forum.

We will move you forward and, Karen, we'll have you engage in the dialogue in the next hour before we wrap up today. I want to draw the audience's attention if we can and we can bring it up on the screens to poll 3, just popped up. Please do respond to this. It follows up on the great presentation you had from Karen. Can hospitals or health systems be part of your population health related work, efforts?

A, yes, they are currently.

B, yes, we are hoping to create that connection.

C, maybe? I hadn't thought of it before.

D, it's probably not a good fit for my work.

How are you working with that system? How are you engaging and making the co-benefits and making the connections? If you are not doing it, what are the challenges that you faced and how are you overcoming the obstacles? If not, what strategies are you using to address that? Please do respond to the poll. You have about a minute or so left. And also help in the Q&A section on the right-hand side of your screen please send in comments and questions, please, I really appreciate that.

With that it is now my pleasure to reintroduce the next speaker, Chris Tholkes, who is the Assistant Division Director for the Office of Statewide Health Initiatives at the Minnesota Department of Health.

Chris, if you can click on your name and bring up your slides and unmute yourself, it's over to you. Welcome again.

You might be muted. There you go.

>> Chris Tholkes: Can you hear me now? Thank you for that introduction.

Thank you for inviting me to be a part of the webinar today.

In Minnesota, just for a little bit of background, the office of statewide health improvement initiatives is part of our State Health Department that focuses largely on population health and on policy and systems change, specifically.

We have a large state investment of dollars that we then turn around and grant to local health departments. We also have your very first poll, I think it was the first or second poll where you asked about funding sources. We have a couple of those funding sources from the Centers for Disease Control and Prevention, greatly affecting the 1305 and 1422 grants. That helps us support this statewide dollars and getting money out to local to do population health work.

So for local, state, and regional health departments, I think that they have some unique challenges. I think that often times I hear in my interactions with my peers in other states or with my colleagues in local health departments people

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sometimes feel that their hands are tied or that they have to play a more limited role in securing policy and continued investment.

So today we are going to talk a little bit about how do we build support for continued public investments in prevention in public health. What is our role as government employees? What are some of the examples from the field?

So just so that we are all on the same page I want to talk a little bit about what I'm referring to when I'm talking about policymakers. They are really at all levels of government. So as a state health department worker, I obviously work with the governor, who is ultimately our boss. Then the policymakers in the Senate and the House.

We often keep a very close eye on what is going on at the federal level. As I mentioned, lots of our funding comes from the federal level.

Our state dollars that come in, we turn around and give to our local health departments. And those are, those folks are in turn working with their city managers, their County Commissioners, City Councils, school boards and really focusing on making policy systems change at that level.

So we are talking about statutes, regulations, ordinances, all sorts of policies. However, it doesn't have to be those types of policies. Really you can have policy change in a business or a nonprofit. And we focus on those policies as well.

One thing that we like to talk about particularly with the local health departments that we fund is the difference between advocacy and lobbying. I think that people get nervous about lobbying. I think that sometimes that can be paralyzing for people in understanding what it is, where is the line, what activities are okay for them to do and what is not okay.

So just looking ahead at the role with policymakers and policies, defining these terms can be helpful. Advocacy, any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others.

Lobbying I'm really talking about a type of advocacy. An activity that seeks to influence the outcome of a pending proposed federal, state, or local legislation.

So while all lobbying is advocacy, not all advocacy is lobbying.

So why is advocacy important? As public health professionals, we really have a responsibility. You have the expertise in population health, in public health principles, and without your involvement other people will shape the infrastructure that policymakers listen to and will set the scene. So if we are not in the game, those positions will be shaped by someone else. And that someone else may not have the skills or the knowledge that you have.

So as a government health employee, you are sometimes prohibited from engaging in advocacy activities during work time or in using government equipment and materials, including government-owned communications channels.

However, as a representative you can do lots of education and you can increase policymakers' knowledge. Awareness, what is the public health problem that you would like them to address? What is the science? That's a big role that government health employees can play. What is the evidence? Really looking at

the science. That's one of the biggest strengths for a government health employee.

Then the importance of the issue. How big is the issue? Who is impacted? Who is affected by the issue? Doing some analysis. Why does it exist? What are the effects? What are potential solutions?

So how do you do this? Really, education like we just talked about, conducting policy analysis or data collection, reporting on the data, providing technical assistance, conducting needs assessments and communicating the results.

Telling stories from the field. And not just success stories. I think that a lot of times it's easy to say I just want to tell people the wonderful thing that I'm doing. While this can help keep policies in place by showing success and showing that they should continue a program that they are funding, we also want to tell stories that demonstrate need.

So you may need a policy change or you may be making progress, but you are not quite where you want to be. It is also important to highlight local places and local people. We have found it really, really wonderful when we can tell a story and we'll have photographs or highlight particular people in the community. If a policymaker recognizes that city, recognizes a building or a person featured, that really tends to resonate with them then.

So when should you be doing this education? There is many subjects to deal with for policymakers, many meetings to go to and many demands on their time. Politicians and other policymakers come from many different backgrounds. They are unlikely to understand jargon and complicated explanations. They may rely on technical specialists to summarize and explain complex subjects to them.

Policymakers listen to many points of view before making a decision. They want information presented clearly and concisely without long winded explanations.

Really, focusing on we like to say more than a one-pager if possible. So making those communication efforts very concise. What to expect from policymakers?

They are very busy. Try to know their schedule. Know when they are in session and when they are not in session. Know when there's deadlines. So trying to stay away from times when they are over scheduled or particularly busy.

Recognizing that most policymakers are not specialists in public health or your particular content area. Policymakers are expected to know a little bit about a lot of things. And then also knowing that policymakers have conflicting sources of information. You are not the only one that is stopping in to visit with folks.

Something that we found particularly useful and that we've really tried to coach our local grantees on is so much of policy work and telling your story is about building relationships. So doing that before you need something from a policymaker is obviously more desirable than just coming to them when you have an ask. Instead of going to the capitol to talk to the state representative or community, arrange for visits when they are home on a break. Invite them to key events to demonstrate the work and the need in your community. Perhaps adding them to your newsletter list. Keeping them current on the work of your organization or coalition. Sending them media coverage along with a note about how the article highlights a problem, issue or success that you have been working on.

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And then getting to know your policymakers. We just talked about meeting them, making time to meet them in person. Also do your homework. Know what their background is. It's great to know their position on a variety of issues. Look on their legislative website. That will give you some information. Their campaign website will frequently tell you even more detailed information about their family, if they have a business in the community, someone that is interested in education. You might want to tell them a story about work that you are doing in the schools, that sort of thing.

It is important to also be an asset and not a problem. So you don't want to be a pest. You want to become the source for information. You want to be a trusted source and someone that they can count on.

We also always advise our local grantees to not just focus on policymakers. Don't neglect the staff. Legislative assistants, committee administrators, on the local level all of their local aides can be really critical allies and partners. They are really the ones that bring information forward and set the schedule frequently for the policymakers.

So we have really cultivated some champions. We have one person in particular that we have been working with who has a little bit of a public health background. Now is a local City Council member, Lisa Bender from the City of Minneapolis, is someone we have worked really closely with. We recently had a webinar in Minnesota coaching our local health department folks and state health department partners on how to talk to policymakers. Lisa participated as part of a panel. The next two slides are part of her presentation.

These are tips from a policymaker. We asked her a few questions, one being: What are policymakers looking for? Lisa really focused on policymakers being a diverse group with many different ways of making decisions. That really they are looking for a combination of data, organizational support. So wanting to fill a room with people or get phone calls, that's what that is about, really showing constituents and organizations that are supporting a particular issue.

Policymakers need feedback on when they do make decisions, positive feedback, not forgetting to thank them, tell them that you appreciate the decisions that they have made in the community. Then accountability also. If they made some decisions that maybe your organization doesn't agree with, to let them know what result you may have wished to see instead.

We also asked Lisa what do elected officials know about public health? She was very honest in telling us that she is probably the exception. She was a planner by training and she has come into the active transportation world and has really become more of an expert in public health. But in general she said most decision makers know very little about what is public health and what do they do? Becoming an asset, really teaching policymakers what they can do. And how you can be a resource to them. She did say that there is skepticism about public health and that prevention in particular can be a tough sell as we all know. Sometimes the benefits are much further out than an election cycle. So it is tough to sell that sometimes. But she said that personal stories are very powerful. Presenting information and involving youth when you can. The youth voices are very, very powerful.

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Next I have a couple of examples of documents that we have used to tell our story. So SHIP is the Statewide Health Improvement Partnership. That is our state funding. We hit 35 million for the biennium. That money goes out the door to local health departments. We ask them to work in the settings of schools, businesses, communities and healthcare providers.

And then they need to work on the issue of tobacco, healthy eating and active living. We always are asked what the result is. As you can imagine, working in four settings and three topic areas can become complex very quickly.

This is kind of our one-page overview of how you take something and present data and try to keep it concise. At least give them enough information to ask more questions if they want to dig in a little bit more deep.

We always pair this kind of information with a good story. And so we work with our local health departments that we are funding to capture the work that they are doing, including real photos when they can. But this is an example of Goodhue County in southeast Minnesota and some work that they did around safe biking, trying to do trails. They did a really fantastic job of doing a 90-minute ride. They also have done some work using go cams and playing back the video footage for policymakers to say this is how scary my commute to work is if I want to try to do that in my community.

There has been great examples of how to educate policymakers in a creative way, in a hands-on way. Then using that information, in this particular example the findings of the 90-minute ride and the go cam footage was really used in a park board meeting for the Zumbrota Master Bicycle Plan.

Another example that we have is Washington county, a suburban county in the Twin Cities of Minneapolis/St. Paul. This is about getting water access for kids. Focusing in the schools and looking at having water bottle filling stations and not having sweetened beverages in the school and telling the story of what is the work we're doing; what does that work mean? Keeping it concise and appealing and keeping it to one page of information with follow-up as well.

Some important considerations. While we can do a lot of education, we always like to advise people that you should talk to your own agency. So things might be legal, but you would have your own policies at your agency, and every agency will be a little bit different and has a different tolerance for risk and what is allowable and what is not allowable.

We always tell people to seek advice from your city, state, staff attorney about what are they comfortable with, making sure they are fine and aware, honestly that your government relations folks know that you are inviting legislators or the media to your events to show case and highlight some of the work that you're doing.

Assessing your advocacy readiness. Determining what your capacity is, what your resources or and what your strengths and weaknesses are. Really being able to say: Am I ready to delve into this? Have we collected the right information? Do we have a plan? That sort of thing.

And planning carefully. So thinking through your goals and timetable and your resources and laying out what you want to do throughout the year. So looking out a year ahead can be really helpful, especially if you are trying to do some

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things and some education with policymakers when they are not in session or when they are not up against a bunch of deadlines. So inviting them when they can maybe spend a little bit more time with your organization.

And also thinking about just sort of the calendar of events. In Minnesota if we want to highlight our work with farmers markets we have a more limited time than folks in California where the growing season is longer. We need to then work that into our summer schedule.

And then just being mindful that elected officials are over scheduled. Be very thoughtful about how you ask them to spend their time.

And then just remembering that you're a citizen. As a government employee, yes, you might have some restrictions. Also remembering that when you are not on work time, you are able to get involved. You should get involved in your neighborhood meetings. You should vote. You should, in Minnesota we have caucusing, so participating in that level as well.

But really, using your rights and getting active in your community.

So those are just some examples that we have here in Minnesota. And some ways that we have tried to really encourage law makers to understand the work better that we are doing and to hopefully continue to invest resources.

>> Matthew Marsom: Thank you, Chris, so much for a fantastic presentation that really I think provided the full spectrum of how local or State Health Department officials and many others as well that may face similar restricts can engage collaboratively, directly and with their partners to lift up the work they are doing and advocate and work with others in the community who might have fewer restrictions and limitations as well.

For a reminder for the audience, all of Chris' slides and audio will be available, for download and the transcript as well if anyone would like to receive it. Thank you again Chris, the Assistant Division Director for the Office of Statewide Health Initiatives at the Minnesota Department of Health.

We are awaiting our next presenter, Andi Fristedt, to join us. But while we are doing that I would like to open up to both Chris and Karen and also to other die Dialogue4Health sponsor today including Sana with Prevention Institute and Rich with Trust for America's Health. Chris, our last speaker, I'll start with you.

Personal question first: What is the most valuable lesson you have learned as you personally engage with policymakers about the work that you're doing?

>> Chris Tholkes: I guess that they are real people. That they have neighbors and they participate in the community as well. And that they are really looking for reliable information. They are looking for people that they can count on. And so follow-up has been a very important part as well. I found that if you can respond promptly and accurately to policymakers, and sometimes proactively in saying hey, I heard you talking about this and you asked for information. Here is something I thought you might be interested in.

It really helps to build that relationship. Then they start to turn to you proactively as well. And rely on you more.

>> Matthew Marsom: In the audience today we have a number of employees and representatives from local and state health departments. There is a well represented across today's audience. I wonder if you can reiterate helpful first

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tips that you recommend that they take if they are not currently engaged in building support for prevention and community health. What are tips for first steps? What are the biggest barriers that they might overcome and the advice you may have for them?

>> Chris Tholkes: Sure. One of the first things that I did, and that I suggest that other people do is if you don't know already who your government relations staff at your agency, that you find out who those people are and when it is not the busy policy season for them, right now our legislature is in session. I wouldn't recommend it now. But when people are not in session and it is more of their off time, take them to coffee and have a conversation about how can I help you? How can I be an internal asset to you? Typically for our whole health agency we have three government relations folks. They cover all of our issues. A whole gamut of things. They can't possibly be everywhere. They can't be at every meeting or research every issue.

Building the internal relationship to say: How can I be an asset to you? How can I build relationships with you and policymakers? And just finding out what they are comfortable with, those types of things.

And then really sort of setting a plan. So trying to determine are you trying to -- do you not have a program at all yet? Are you trying to get a program? Your goals would look different than if you have an existing program like we do now and you're trying to maintain that program.

And calling together your external partners. Who are your allies? Often times we are able to lean on our allies and our partners to do things that we are not able to do, and they can lean on us for data and evidence and the things that we are good at doing as government health employees.

>> Matthew Marsom: Thank you. Now I want to go back to Karen with Children's Hospital Association. During the, after your remarks we went to the audience and asked them to describe ways that they are working with healthcare providers. I wanted to identify a couple of comments that came in from the audience.

First is from Thea Walker who asked an earlier question. She described trying to establish linkages with county-based health systems as well as leading population health universities in the area and leased a retail space with a high population of medically underserved clients and said they have programs for diabetes referrals from the hospital provider and hospital registries. They are seeking opportunities to access health research in third-party grants.

A comment came in from Donald Ziegler, which I see Karen answered on the chat. I will read your response. He said: Are there challenges to children's hospital supporting a policy that funders may not approve? If it is Ronald McDonald or a beverage company?

I don't know if you want to add to this Karen but you said: Those are examples of challenges, but you adhere to the mission even in the face of funder disapproval. You use the example of the hospital in Atlanta that removed soft drinks from the hospital, even though those are manufactured by a sponsor.

>> Karen Sever Hill: Yes, I'm a glass-half-full kind of person today, Don, but my examples are around the tough decisions to stand up for your beliefs in the face

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of the funder. Another great hospital, children's hospital of Philadelphia is the home to the first Ronald McDonald house in the United States of America. That got obviously has a relationship with a whole lot of history attached to it, but the leadership of that hospital removed and ended their relationship with McDonalds as competitive food outlet in their hospital because it wasn't consistent with their values in promoting healthy behaviors. I think there are good examples of children's hospitals and other hospitals and systems standing and advocating in little "a" and big "A" ways for things that are important for kids.

>> Matthew Marsom: We talked earlier about ways that community public health providers might engage with healthcare but what advice do you have for healthcare institutions that want to reach, extend their reach to include social and community determinants of health? There are many people on the call, on the Web forum today who are representing healthcare institutions. What tips do you have for them? How do they begin this work?

>> Karen Sever Hill: Well, you know, of course humbly I sit here safely inside the Beltway and not in children's hospital or a community. So please, take that as a disclaimer.

I know that what I hear as one of the challenges and perhaps part of the culture of medicine is to raise questions and concerns and then to have the answers. And the expertise.

It is a hallmark of pediatricians and other clinicians to need to have the answers. So sometimes it's risky and kind of acultural to begin to unearth the social and environmental factors impacting your family and patient's stability and have no referral. That seems to me to be a fruitful area for collaboration and sort of open coming to the table. If you remember my visual of the circle of the circles. I think children's hospitals can be very challenged in knowing that they have a reliable network of referral agencies, either because they have not established a relationship well in the past or there are so many things involved in building that level of trust. It becomes a challenge to know that they can successfully start finding a way and being a player in addressing and mitigating determinants of health if they haven't already established those relationships.

Mark Twain is famous for saying "When you need a friend it's too late to make one." So I think that now is the time to figure out how we are making those friends in a trust and collaborative way in community, to consider the halo effect of a children's hospital in approaching that way with community because we certainly cannot in any way be all the answers to everything.

And we need the public health infrastructure and other community and social service agencies to round out with us the things that are really impacting kids' ability to who have an optimally healthy life. That is a big area to try to address and big area to try to come to collaboration on.

>> Matthew Marsom: Now, that's a great answer and we will come back to that before the end of the forum. The final panelist joined the call. Before I ask Andi Fristedt with the Senate HELP committee to unmute her phone, I want to pull up poll 4 on the right-hand side of the screen which builds on Chris's presentation. Please take a moment to respond, those of you in the audience on the right-hand side of your screen.

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What do you need most to be more effective in educating elected officials about your work and efforts? A, talking points on prevention and population health?

B, talking points on the benefits of multi-sector collaboration?

C, talking points on opportunities to advance equity through prevention and population health?

D talking points on specific strategies, for example, food, active, tobacco, safety, community clinical integration, et cetera.

E, sample letters and templates, F, information about who to contact?

G, fact sheets.

H, other. Submit your answers in the Q&A. That's a lot, but you can select all of them and click response.

I think all of these resources are vital and helpful.

Before I introduce Andi, I want you to unmute yourself and say hi so we know that you are there today. Make sure that we can hear you loud and clear. I'll take that moment to introduce you. Are you there?

>> Andi Lipstein Fristedt: I'm here!

>> Matthew Marsom: Hi, Andi. Thank you for joining us. She is the Health Policy Adviser with the Senate Health, Education, Labor, and Pension, the HELP Committee, based on Capitol Hill in Washington, D.C. With that committee she works for Ranking Member Patty Murray from Washington State. Her responsibilities include global health and medical research. She is a face on the Hill, and we are glad you're here today. You have a packed schedule and there is an incredible amount going on with the budget and all of that dynamic on the Hill.

Thank you for joining us. Give us the latest on what is in store for community in prevention and public health. Over to you.

>> Andi Lipstein Fristedt: Thank you so much. I'm so glad to be here. Always so glad to be able to join and be part of this important dialogue.

You are absolutely right, today is an especially crazy day on Capitol Hill. The budget mark-up is happening as we speak. So I am, I just sent an e-mail to some of my colleagues that said: Okay, if you really need me knock on the door. Apologies in advance if that happens. Hopefully we should be good for the next few minutes.

So I am going to take a few minutes and speak informally about what is happening on the Hill, how we are thinking about this and hopefully have time for questions. I have to start by saying that this is off the record and that my comments aren't for attribution. We have to do that housekeeping here.

With that I'll just sort of jump in and say I think the last time that I was able to join this group I was working for Senator Tom Harkin who I know many of you knew his work well. He was Chairman of the HELP Committee for some time until his retirement in December. Now I'm working for Senator Patty Murray who is the senior Democrat on this committee. It is just a really, really exciting time for prevention and public health here on the committee and something that she is doing a lot of work on these days.

So Senator Harkin created the prevention fund, but I want to be really clear that there is still a lot of people certainly first and foremost in my mind my boss who

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are committed to prevention and public health and to the prevention fund specifically.

I think a new Congress provides a really important opportunity for advocates and like all of you who are doing this work on the ground to really share stories and experiences and successes of what is happening in your communities with the prevention fund and with public health programs in general.

To new members, there are lots of new folks in the House and the Senate who may still be learning about some of these issues for the first time. And the folks who have been here a long time in terms of either public health champions who are really engaged in this space but need to know that folks are paying attention and appreciate that.

And also folks who maybe have been here awhile but don't quite get it. I think there's always a lot of value in continuing that education.

The key committees here in the Senate that have engaged in this space, have leadership changes. So Senator Harkin from Iowa was in the last Congress the chairman of both the HELP Committee, which has authorizing jurisdiction over CDC and other HHS agencies. Kind of, that's the committee that makes the rules in this space.

And he also was the Chairman for the Labor HHS Education Appropriation Subcommittee, the committee that funds these programs.

Senator Murray, my boss, is now the senior Democrat on both of those committees. We are so excited to really be engaging in both of those spaces when it comes to these issues. And then on the Republican side which of course is the Chairman now that the Republicans are in the majority, Senator Alexander from Tennessee is the Chairman of the HELP Committee, the authorizing committee as we call it that deals with the rules and regulations around these issues. And Senator Blunt from Missouri is the Chairman of the Appropriations Subcommittee that funds these programs.

For all of you in Washington and in Tennessee and Missouri, I hope you will especially be really active in telling your stories. But many, many more of you have representation that sit on the committees. And hopefully all of you have members who are really interested in hearing about these issues.

So as I said, we still have a lot of engagement here in the HELP Committee, working on the prevention fund and making sure that we are continuing the work. I know I've spoken with many, many public health champions about bringing together the champions in the Senate to make sure that we are keeping this legacy going. We are working with a core group of members who are key supporters of this to make sure that they are communicating to folks across the Senate in their states about prevention and public health being a priority and sort of maintaining that really high profile for this work.

I think it has been an interesting time the last few months for prevention and public health. I think both the Ebola outbreak in Africa and the few cases we had here, as well as the measles outbreak and sort of reemergence of the debate about vaccines and preventable diseases gives us a forum for talking about public health and the role of public health infrastructure in a way that has been

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bipartisan. We have had folks on both sides of the aisle really recognizing, I think, the importance of public health when it comes to so many of these issues. And I think part of our challenge now is making sure that we are translating that to the full range of public health. And making sure that we are talking about community prevention, talking about noncommunicable diseases. Talking about how we support making communities healthier and that a lot of that is about the same infrastructure we need to make sure that folks are getting vaccinated, to make sure that folks have access to the health information that they need. So when it comes to the prevention fund, as I think probably a lot of folks know, it has been allocated now twice in a row by Congress, which has been really important to help ensure that the vision of the fund is realized and that those dollars are going straight to public health programs. But I think it's really, really important to just maintain the visibility of that work. And that's where I think many of you come into this. It is hard to over state how important it is that folks here in Congress hear about the work that is happening in their home states and home districts. It makes it real and makes folks understand what it is we mean when we talk about community prevention, which is still something that is a bit of a foreign concept to some people here in Washington. I think it is especially important as we get farther into these grant cycles and have a real opportunity to show that public health works, that these investments work and that it is really paying attention to everybody's constituents. A lot of grantees are very nervous about lobbying because there are restrictions in place, of course, for many folks when it comes to lobbying. And I absolutely understand that. But I also think it is really, really important to know that educating your Senators, educating your Congress men about the work that you are doing, just simply calling them up, writing a letter and saying we want you to know what is happening in your state and what is happening in your district with federal dollars. It is not lobbying. That is education. All of you can do that. I really hope that all of you will because members really pay attention to their constituents. I know it can seem if you send an e-mail or a letter that you are sending it out into nowhere or it's not actually going to get to a person, but I assure you that in the vast majority of Senator and Congressmen's offices every e-mail that is sent, every letter that is sent is read. Every phone call that is made is answered. And that information really makes a difference. I also would encourage you to think about opportunities to invite your members, your Senator or your member of Congress to a meeting for a tour to show them the work that you are doing, to a groundbreaking that you are holding. We have a two-week recess coming up around Easter. That is pretty soon, but it is probably not too soon for folks to think about the August recess, which is a great opportunity for Senators and members of Congress who are at home for five weeks. It's a great chance for people to see some of that really important public health work that is happening. So I think that I will leave it at that for now. We are in the heat of the appropriations season. We are in the heat of the budget season. As I said, literally at this moment. So I am happy to take any questions and really happy to be here.

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>> Matthew Marsom: Thank you, Andi. So glad again that you could join us and provide your leadership and remarks, and likewise for your colleagues who are continuing to provide that leadership on Capitol Hill. I know you said it but I want to reiterate for the audience today, many of whom may have qualms. They feel if they lift up the successes of their program and share it with a policymaker, that might be lobbying.

What do you say to those listening on the forum today that their local stories and successes won't make that much of a difference when there are so many big issues dealt with by Congress?

>> Andi Lipstein Fristedt: I think that that's a great question and I think that folks are eager to be able to talk about what is happening at home. And I would say that the fact that there is so much happening in Congress, the fact that things are so busy and there are seemingly so many competing priorities, instead of that being a reason not to try to communicate, it makes it all the more important that folks do.

So I think again, and I know I kind of said this, but it's hard to over state it. Knowing how programs affect people at home is the only way that they succeed here. And so being able to cut through the sort of hubbub and say look, we talked about the prevention program before, we talked about CDC funding before and the role of state departments and NGOs doing public health work before, but I want to really show you what that means for your constituents. That's the only way it gets any attention.

>> Matthew Marsom: As a follow-up to that, I think it's a great idea that we make sure everyone listening to this Web forum but also those listening to the archives, who download this, that they get a copy of the calendar. Just knowing when folks will be in D.C. and when they are going to be home, I know it's available but folks don't have that at their fingertips but this is a great suggestion.

Last question. What is the one thing that every public health and community health-oriented person can do that improves policy makers' understanding of population and public health? To focus on that, I know people can feel that prevention isn't a sexy idea. It doesn't compel people in the way that immediate, something happens today and the result happens tomorrow. How can policy advocates help the policymakers understand what happens with these efforts?

>> Andi Lipstein Fristedt: That's a great question. I believe this remains one of our best challenges, figuring out that answer.

A couple thoughts. First on your first comment about the calendar. That's really, really important. People here are governed by that. But I would say I mentioned before about how important it is to know when folks are home so you can invite them to see your programs at home. I would also say when people are here in D.C., this goes along the same lines of not being scared or intimidated about sending a letter, making a phone call, sending an e-mail. I wouldn't be shy about requesting a meeting, when you are in D.C. When you are here with your colleagues or family, many Senators or Representatives might be able to meet. If not, you can surely meet with staff. Many members have time set aside special for constituents every week. I would say when there's an opportunity to be face-to-face at home or here, both are really valuable.

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In terms of making public health programs compelling here, I have talked a lot about sort of telling that story for how things impact constituents. I think that's really important in terms of looking at real changes in communities and health. I also think that money talks and it is very, very difficult. I don't need to tell anyone on this call, I know, about the challenges on every level with the budget right now. And so I think that it's very, very effective to remind folks what we know about the return on investment when it comes to public health and what we know about how modest investments now can save huge amounts of dollars down the road.

So I always think it's important that we continue to talk about people and continue to talk about health and continue to talk about lives saved and lives improved, but I think to the extent that interwoven with that can be a conversation about the real impact this has on the bottom line, I think that's always something that is pretty compelling here.

>> Matthew Marsom: Well, thank you, Andi. I know how busy your schedule is, but feel free to stick around and listen to the rest of the conversation. If you have to leave us, that's understood. Again, thank you and we look forward to you joining us on a future Web forum.

With that I want to bring back the other panelists, Karen Sever Hill with the Children's Hospital Association and Chris Tholkes who is with the Minnesota Department of Health.

A reminder to our audience to use the Q&A on the slide right now. You can see a reminder of how you can send in your comments and questions and also would like to ask Rich with TFAH and Sana with Prevention Institute: Anything, Rich or Sana, you would like to add on top of Andi's great remarks, take aways for the audience, other resources that you as well as other sponsors might have available for our audience?

Rich, perhaps first?

>> Rich: All points well made by all of the speakers, particularly those who hit upon the importance of having regular communications. I mean, all of Chris' slides, they are all right on the mark. And you need to maintain these relationships. You need to educate members of Congress on the programs you are working on and not be shy to do so.

And as far as prevention funding is concerned we have had great leadership. We will continue to have leadership. With Andi's new boss and others, but we need to ensure that those dollars are allocated. In addition, we need to make sure they are allocated towards public health programming. And I think that's important at this point politically. We have seen what's happened in the past with things like the tobacco settlement funds and so I think we need to be vigilant that the money needs to be allocated by Congress but for the types of programs that has been funded heretofore. I think that's critically important.

We are in the middle of an advocacy effort in support of the fund. Many of you have seen the letter circulating, support the you funding of fund. If anyone wants to sign on to that, drop me a note at hamburg@TFAH.org.

>> Matthew Marsom: Sana, your thoughts?

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>> Sana: Thank you, Matthew. I'm struck by the impact we are all able to make on this call. I will look at the attendee list. We represent state and local government. We have funders. We have healthcare leaders and practitioners. We have community advocates on the call today and sharing our stories and our successes really does make a big difference. Really, I take Andi's words to heart. If we don't tell our stories, no one else is going to.

And in answer to, in addition to the answer in terms of what it is going to take to really make the case for prevention and population health for elected officials, I think considering the co-benefits of prevention and population health works and that it reaches far beyond the bounds of traditional public health. Thinking back on what Karen said, being able to tell stories where it's about not just prevention advocates but healthcare institutions, children's hospitals, who are doing this work together and are equally invested, or being able to share stories about how businesses and employers in a community are engaged in this work. That goes a long way to build this, to create the image that this is inextricably linked to all facets of our lives. And when we don't fund it properly, it is going to have a far-reaching ripple effect.

>> Matthew Marsom: Chris and Karen, do you have any reflections, thoughts, either on points you want to emphasize from your presentations? We are coming into the final six minutes. Other comments you've heard today during the forum? And reminding you might need to unmute yourself. Chris or Karen?

>> Chris Tholkes: Sure. This is Chris. I will say the last comment reminded me that one of the things that policymakers have been most, I would say, surprised and impressed with is when we are able to demonstrate to them that we have partners at the table that are what they would maybe call unusual suspects. So when we can highlight some of the business owners that we are working with; when we can say, "Hey, did you know we are working with public works? And that we really have a nice cross-sector approach going on." Population health typically does. To highlight that and say "That's our program. Our funding is touching the school. What you see over here in the healthcare system, that's us, too."

And over here, safe routes to school or the farmers markets, all these different things, being able to brand it sometimes so that they recognize that it's all part of your efforts. That can really be a powerful thing for them because we have had legislators come to meetings with us. One of them in particular said, "I thought it was going to be the same six public health people that I always see. I didn't realize that all of these people are what makes up your program."

>> Matthew Marsom: And Karen?

>> Karen Sever Hill: Yeah, you know, it just struck me, this thread of the final conversation talking about the strengths of our diversity and the strength of our connections. I would encourage you -- I was here to speak about children's hospitals. I talked a lot about core competencies and delivering care and wellness. Please do not forget that they are major employers in your community. They can employ up to 8,000 or more people just if the children's hospital and throw a good university system around that, you've got 13,000 employees. They have a massive economic benefit to a community. A large children's hospital

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may rack up one and a half billion dollars of benefits to a community in economic impact.

They are big developers of projects. The largest public works in the State of Pennsylvania for a period was a project at the children's hospital of Philadelphia. So when you think about your approach, perhaps to a children's hospital, also ask them maybe to wear another hat, to think about them as someone who employs a lot of covered lives that we want to keep healthy and accessible to care. Someone who has economic impact and has creative and important things to say about community improvement as well as their expertise in healthcare delivery.

>> Matthew Marsom: Well, I just put up on the screen some take-aways that I want our audience to also think about and reflect upon, which is what they can do, all of us can do to advance population health and prevention in 2015. These encapsulate the remarks we have heard from our presenters today.

Engage in a variety of partners and stakeholders. As we heard from Karen, they are important in their community.

Collect and tell real stories that illustrate both problems you seek to change and solutions you are implementing.

Demonstrate results, share information with policymakers. For those are of you who receive grants, it's a deliverable to show case what you are doing with policymakers. That is not lobbying. That is simply vital part of what you are doing to talk about what you are doing with the public dollars and how you are having an impact. I think that's important.

Finally, remain vigilant. Don't take continued investments for granted. As we heard from Andi, this is happening in realtime in Capitol Hill. There's impacts on these resources and they will have a knock-on effect on other resources in the community as well, other funding in your communities. It's vital that we remain vigilant. Those key take aways will be available following the Web forum, to take with you in the work you do. Thank you for responding to the polls as well. It's important that we capture from you the types of resources you have available.

A comment on the Q&A, people were remarking on what they thought would be useful like blogs, news articles and the return on investment of resources, investments in prevention. And thank you to our presenters, Chris, Karen, Andi and myself and people behind the scenes today, Joanna Hathaway and Holly Calhoun, who kept the cogs turns and kept the webinar up. Thank you to the cosponsors, APHA, Prevention Institute, PHI and TFAH. We couldn't do this without the support of those sponsors in this health forum. It is exactly 5:00 o'clock on the East Coast; 2:00 o'clock on the West Coast. Thank you for participating today in Advancing Prevention and Population Health: New Year, New Efforts, New Opportunities. We'll see you next time.

Go to Dialogue4Health.org in the meantime. That's Dialogue4Health.org to access all of these resources and download other Web forums from our archive.

Thank you very much. Have a great day. Goodbye.

(The program concluded at 5:00 o'clock p.m. EDT.)

(CART provider signing off.)

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