



Good Health Is Good Business

*The Value Proposition of
Partnerships Between
Businesses and Governmental
Public Health Agencies to
Improve Community Health*

JUNE 2019



BIPARTISAN POLICY CENTER

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ACKNOWLEDGEMENTS

Thank you to everyone who participated in the roundtables, key informant interviews, and case study discussions that informed this report. Thanks to the National Association of County and City Health Officials and the U.S. Chamber of Commerce Foundation for their help identifying communities that are leading this work at the local level. The Bipartisan Policy Center also thanks Tim Swope, Joann Donnellan, and Mark Miller for their contributions to this report and the Robert Wood Johnson Foundation and the de Beaumont Foundation for their generous support.

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Executive Summary

While U.S. health care expenditures are roughly double the average amount spent per person in other developed countries, the United States still lags behind in health outcomes, equity, and quality by comparison.¹ This imbalance has the potential to affect not only people’s health, but also their workplace performance, financial stability, education, safety, and engagement with their family and community. Therefore, every other sector should consider the impact of health on its goals. Two sectors that are critically important to improving community health are governmental public health agencies and businesses.

The mission of public health is to ensure the conditions in which people can be healthy.² Similarly, businesses need healthy, productive workforces and healthy consumers with purchasing abilities in order to thrive. Yet, despite the shared interest, the high level of potential success, and the reliance of health and business on one another to achieve goals, there are relatively few examples of local governmental public health agencies and local businesses or chambers of commerce partnering to advance the health of their communities beyond worksite wellness efforts.

Recognizing this gap, we set out to understand the challenges and untapped opportunities to achieving such important collaborations. The purpose of this paper is to lay out the value proposition for both sectors—governmental public health agencies and businesses—to engage in local collaborations that result in the achievement of goals that are mutually beneficial and that ultimately advance community health. This report summarizes the potential offerings and benefits each sector brings to a partnership to improve community health.

THE VALUE PROPOSITION

What Public Health Offers	How Businesses Benefit
<ul style="list-style-type: none"> • Strategies to improve the foundations for community health • Credibility and expertise in community health promotion • Data analysis and evaluation capabilities; reinforcement of the validity and merits of interventions • Relationships with other community organizations; ability to link parties with similar interests and point to existing resources • Access to services, people, and programs at all levels of government • Training and technical-assistance capabilities • A clinical background; understanding of and engagement with the health delivery system • Knowledge of policy and funding opportunities • Ability to work with and educate advocacy groups on evidence-based strategies 	<ul style="list-style-type: none"> • Increased consumer and employee loyalty • Attraction and retention of top workforce talent • Healthier workforce pool from which to select new hires; preparation of the future workforce • Enhanced employee morale, job satisfaction, productivity, and engagement • Potential reductions in direct (health care) and indirect (absenteeism, disability, presenteeism) costs • Enhanced corporate image and improved community relations • Data-driven evidence to inform business strategy

Source: “Improving Population Health: The Business Community Imperative.”³



What Businesses/Chambers Offer	How Public Health Benefits
<ul style="list-style-type: none"> • Reach into the community through their employees and families • Expertise in marketing, communications, and public relations • Resources and capacity to contribute funding, staff-time, services, and products • Leaders as champions of collaboration • Political influence 	<ul style="list-style-type: none"> • Improved community health • Shared resources and efforts to achieve public health goals • Greater reach into the community • Renewed interest and investment in governmental public health agencies and initiatives • Greater awareness and buy-in from policymakers and other influencers

Source: “Improving Population Health: The Business Community Imperative.”⁴

The public health and business partnerships examined in this report can be characterized by several similar factors, including: (1) motivated and committed leaders; (2) equal and complementary participation; and (3) joint strategic planning and establishing common ground. The most impactful partnerships also focus on the underlying social and economic determinants of health, which are the foundations of community health. Critical to addressing social and economic determinants of health is understanding the strong connection between social needs—like stable housing, accessible transportation, and good health—as well as recognizing that addressing these needs on a person-by-person basis is less impactful than policies, systems, and environmental change efforts that address social determinants on a population level.^{5,6} While there are also several common barriers to engagement, including language and communication, conflicts of interest, lack of resources, staff turnover, measurement, and culture, there are many opportunities and lessons to inform successful public-private partnerships as exhibited by the highlighted case studies.

This report includes recommendations for governmental public health agencies, individual businesses, and chambers of commerce at the local level. Tactical recommendations include:

- Developing a strategic map of local partners;
- Preparing an “ask;”
- Recruiting leaders as initiative champions;
- Focusing on common problems (often described as “low-hanging fruit”); and
- Measuring success and impacts.

Communications recommendations include:

- Using multipronged communications strategies; and
- Disseminating and using existing tools and resources.

Finally, regional, state, and national organizations—such as philanthropies or government—have a critical role to play in promoting collaborations between the business and public health sectors by:

- Distributing new and compelling case studies;
- Establishing recognition programs; and
- Funding demonstration programs.

Our hope is that this report and value proposition will inspire and encourage more transformative partnerships in which businesses and governmental public health agencies can work together to build a healthier future for our communities.

Introduction

The United States lags in health outcomes and health care quality when compared with other countries despite spending roughly double the average amount on health care per person.⁷ Research suggests that most of these health care expenditures go toward treating chronic health conditions, most of which can be prevented by adopting positive behaviors and addressing the underlying social and economic conditions that contribute to poor health, such as economic prosperity, nutrition, education, housing, and transportation.^{8,9}

While local governmental public health agencies have long appreciated the role of social determinants of health, some in the business community are more recently appreciating the importance of these factors on the health of their workforces, their ability to attract and retain top talent, and the strength of their community.

Poor community health directly impacts the health of a business's employees, customers, and supply-chain partners. Productivity losses related to personal and family health problems are estimated to cost U.S. employers \$1,685 per employee per year, or \$225.8 billion annually.¹⁰ Conversely, improved community health can lead to a healthier workforce, a more attractive and vibrant community, and a stronger local economy.¹¹ Achieving optimum health outcomes has often been discussed in the context of access to health care and individual decision-making. However, today, improving health must go beyond medicine and individual choices. The communities and environments in which people live have an outsized impact on their health. Treating individuals while ignoring the conditions in which they live will fail to achieve lasting improvements in health.



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While others have examined cross-sector work between public health and the private sector in more detail,^{12,13,14} we are primarily interested in local-level partnerships in which the health department and one or more businesses or the local chamber of commerce collaborate to improve community health. This focus on the business sector spans industry, company size, and tax status because all businesses that have the capacity to partner and make investments in their communities have a role to play in improving community health. Due to the collaborative nature of this work, we also include chambers and other business groups when speaking about businesses or the business sector, and indeed many of the case examples herein involve the local chamber or chamber foundation.

This report highlights examples of these types of partnerships and makes the case that the business community and governmental public health agencies have a vested interest in promoting public health together. By recognizing that improved community health and economic development are interconnected, these partnerships promote community development, health, and wealth. Success of one ultimately requires success of the other. Businesses and public health departments must both invest in cross-sector collaborations that involve the other as partners in this movement to advance community health. They can achieve this through bilateral partnerships or through joint leadership in larger, multisector coalitions.

A first step toward collective action and partnerships across sectors is to clearly state the values shared by business and public health leaders:

- **Healthy people**—including employees, their spouses and partners, children, neighbors, and other community residents who have healthy lifestyles—avoid preventable diseases, limit their spending on health care services, and live long and productive lives.
- **Healthy businesses** that attract and retain top talent effectively manage health care spending, limit absenteeism and disability, prevent avoidable safety incidents, achieve high worker productivity, and are viewed by employees, customers, shareholders, and community members as socially responsible.





- **Healthy communities** that are ranked highly on community health indices have fair wages, good schools, low crime rates, affordable housing, solid infrastructure, clean air and water, green spaces, healthy food options, public transportation, accessible health care services, and admirable scores on quality-of-life and happiness scales.
- **Healthy local economies** that promote new business investment have low unemployment and a skilled workforce, encourage innovation and small business start-ups, and are competitive.

To address the need to establish the value of a true partnership between businesses or chambers of commerce and local governmental public health agencies, and to prompt immediate action, this report aims to:

- Foster a greater understanding of the **importance of community health** and well-being to the business sector;
- Propose and reinforce governmental public health agencies as a **mutually beneficial partner**;
- Share perspectives on the **opportunities and obstacles** for advancing business collaboration with the governmental public health infrastructure, especially at the local level;
- Present a **value proposition** to promote an understanding of the shared value generated by these partnerships;
- Provide **case examples** of successful public-private collaborations that are leading to improved community health; and
- Offer specific **recommendations** on ways to develop effective long-term partnerships between the business community and local governmental public health agencies.

METHODOLOGY

This report was informed by a literature review, three roundtables with public health and business leaders, and interviews with key stakeholders, including former senior government officials, business leaders, and public health representatives, many of whom had boots-on-the-ground experience in communities that have formed successful public-private partnerships (see Appendix A for a list of interviewees). We asked participants to define what a true partnership looks like and to give firsthand examples of successful collaborations. We also asked them about barriers, ways to overcome those barriers, and what their advice would be to others wishing to replicate their collaboration's success. We also received input from the National Association of County and City Health Officials and the U.S. Chamber of Commerce Foundation to identify communities where this work is already occurring.

Background

DEFINING THE PROBLEM

Efforts to improve community health have too often occurred within siloes, limited in part due to the divide between the public and private sectors.

Historically, the interests of governmental public health agencies and the business community have seemed at odds. Governmental public health agencies have often viewed businesses as largely unconcerned about community issues that do not directly affect their bottom line. Similarly, businesses have perceived governmental public health agencies mainly as regulators, as supplementing the delivery of medical services to the poor and disadvantaged, and as being the first line of defense against communicable diseases.

The underlying problems are often varied and complex, and they require a web of solutions that leverage a wide range of strengths and resources. Neither governmental public health agencies nor businesses *alone* can effectively solve large societal health issues that affect individual and collective prosperity.

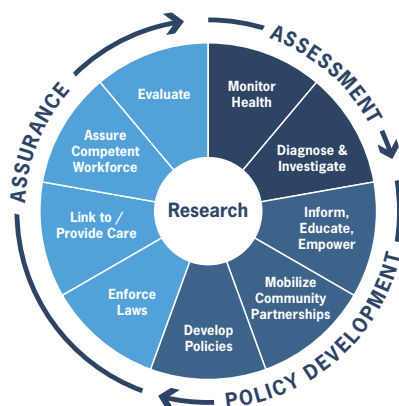
It would be naive to assume that because they would be advantageous, collaborations between these sectors would *just happen*; therefore, this paper reflects on the perceived barriers to collaboration and presents value propositions that detail *why* these sectors are especially well-suited partners and *how* best to bring one another to the table. It is our expectation that this material will equip interested parties with a compelling value proposition business case that can gain buy-in from both the private and public sectors.

WHAT IS PUBLIC HEALTH?

Among the public and professionals in other sectors, there is great confusion between what public health agencies do, what public health is as a concept, and how public health improves community health. The National Academy of Medicine defines the mission of public health as “fulfilling society’s interest in assuring conditions in which people can be healthy” and the substance of public health as “organized community efforts aimed at the prevention of disease and the promotion of health.”¹⁵

Within the U.S. public health system, governmental public health agencies provide 10 essential services (Figure 1), many of which are relevant to businesses. Essential Service 3: *Inform, educate, and empower people about health issues* highlights the need to get health messages to community members by engaging them where they spend the majority of their waking hours during a given weekday, which for most adults is at work. This essential service is intimately tied to public health’s role in *mobilizing partnerships to identify and solve health problems* (Essential Service 4), which calls for partnerships that focus on health and well-being issues affecting workers and their families inside and outside the walls of the company.

Figure 1. The Three Core Functions and 10 Essential Services of Public Health



1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal healthcare workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

Source: National Health Policy Forum.¹⁶



WHAT IS BUSINESS'S INTEREST IN HEALTH?

Many businesses and chambers of commerce understand their unique role as stakeholders in the health of the communities they serve. Businesses of different scopes and sizes have different ways of conceptualizing health and understanding who their community is. Traditionally, this has taken the form of sponsoring workplace wellness programs, allowing volunteer days, providing philanthropic grants to community organizations, and supporting community-wide events such as health fairs. More recently, forward-looking companies are identifying their roles in or connections to broader societal issues, such as climate change, wage equity, public safety, and skills training needed to fill 21st-century jobs. Ultimately, these efforts need to be aligned with local economic development in the same way that a company's brand is aligned with public perception of the community, city, or region's brand. A key question facing employers is: Is our community thriving, healthy, inspiring, and attractive to blossoming talent, or is it perceived as deteriorating, sick, and unsafe? Answering that question should shape how employers engage with and promote public health.

Workplace Health Promotion

The most common intersection today between public health leaders and businesses in many U.S. companies takes the form of workplace health promotion or wellness programs offered to employees.¹⁷ Evidence-based workplace health-promotion programs can improve the health and productivity of workers, and this, in turn, has an advantageous impact on a company's bottom line.^{18,19,20,21} Workplace wellness efforts fall under the broad umbrella term of establishing an *internal* culture of health (CoH).^{22,23,24} While these programs have the ability to impact a significant number of individuals, their reach is limited. By definition, workplace health promotion initiatives only reach employees while they are on-site and usually do not extend into the community, nor do employees' family members—who rarely, if ever, set foot on the premises—experience these workplace initiatives. Thus, worksite-based initiatives do not directly affect family members, friends, neighbors, social networks, schools, playgrounds, restaurants, and other public places.

At a basic level, employer-sponsored health insurance generally offers coverage to immediate family members, yet these covered lives are often unaffected by worksite-based health-promotion programs. This amounts to a significant investment gap considering that the average annual premium for employer-sponsored health insurance in 2018 was \$6,896 for single coverage and \$19,616 for family coverage.²⁵ After the Dow Chemical Company established that 80 percent of those covered by the company's medical benefits were not employees but rather retirees, children, and spouses, the company's health strategy was broadened to include a community focus that extended beyond the worksite.²⁶

Whereas employers pay for building an internal CoH, investment and engagement in improving community health—or an external CoH—remain largely untouched. Some forward-thinking businesses have moved beyond a traditional focus on workplace wellness to one that encompasses a CoH both inside and outside the four walls of the company.²⁷ These employers recognize that health is not restricted to what happens in a doctor's office. Rather, health is influenced by everyday interactions with one's community and the opportunities offered by community health improvements to live healthy and productive lives. For employers, this means that investments in workplace wellness and employee health can be undermined if workers and their families spend the rest of their time in communities that do not provide the same environment and opportunities.²⁸



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Beyond the Four Walls

It may not seem obvious at first, but every business is in the health business. Whether consciously or unconsciously, all corporations have a public health impact in these four areas:^{29,30}

1. **Consumer Health:** How organizations affect the safety, integrity, and healthfulness of the products and services they offer to their customers and end consumers.
2. **Employee Health:** How organizations affect the health of their employees through provision of employer-sponsored health insurance, workplace safety and culture, and wellness programs.
3. **Community Health:** How organizations affect the health of the communities in which they operate and do business.
4. **Environmental Health:** How organizations' environmental policies (or lack thereof) affect individual and population health.

Community health and business success are closely related: Companies depend on communities to provide healthy employees, consumers, and business partners, while communities depend on companies to offer jobs, stability, and opportunities to create wealth.³¹ The intersection of sustainability, social responsibility, economic development, and health is often where common ground and shared value can be found between governmental public health agencies and the business community. As such, the promotion of health facilitates broader economic growth, and a strong economy is invariably good for revenue growth and profitability.³²

Beyond employee health, there is a growing awareness of how every employer is in the health business in that its actions impact the health of consumers, communities, and the environment. Companies are increasingly factoring environmental sustainability and social responsibility into strategic decisions as businesses seek to balance what it can offer to the marketplace through products and services; what consumers and shareholders demand; and what is ultimately beneficial or harmful to society. Companies that believe their sustainability efforts and social responsibility contribute meaningfully to healthy and vibrant communities will ultimately benefit their shareholders by building markets for their products and services and by attracting and maintaining a healthier, more productive workforce.



The Value Proposition of Partnerships

Whether it is the local governmental public health agency director or a business leader who is interested in developing a partnership, the convener needs to present a succinct value proposition, which, in a statement, summarizes the expertise, resources, products, or services he or she brings to the table that add value to the other party based on common goals.

Depending on which sector acts as the convener, the value proposition may be adjusted and informed according to best practices. Below, we summarize the offerings and benefits each sector brings to a partnership as well as succinct arguments or elevator pitches that business and public health leaders can use to support mutually beneficial partnerships.

WHAT PUBLIC HEALTH BRINGS TO BUSINESS

Table 1: Presenting Value Propositions to Businesses and Chambers of Commerce

What Public Health Offers	How Businesses Benefit
<ul style="list-style-type: none"> • Strategies to improve the foundations for community health • Credibility and expertise in community health promotion • Data analysis and evaluation capabilities; reinforcement of the validity and merits of interventions • Relationships with other community organizations; ability to link parties with similar interests and point to existing resources • Access to services, people, and programs at all levels of government • Training and technical-assistance capabilities • A clinical background; understanding of and engagement with the health delivery system • Knowledge of policy and funding opportunities • Ability to work with and educate advocacy groups on evidence-based strategies 	<ul style="list-style-type: none"> • Increased consumer and employee loyalty • Attraction and retention of top workforce talent • Healthier workforce pool from which to select new hires; preparation of the future workforce • Enhanced employee morale, job satisfaction, productivity, and engagement • Potential reductions in direct (health care) and indirect (absenteeism, disability, presenteeism) costs • Enhanced corporate image and improved community relations • Data-driven evidence to inform business strategy

Source: "Improving Population Health: The Business Community Imperative."³³

The Pitch

Business and public health leaders share a common interest in improving community health. Governmental public health agencies contribute: strategies to change community conditions; research supporting evidence-based practices; and an ability to measure and monitor program effectiveness, trust, and credibility in the community. Most importantly, public health agencies can implement these strategies to improve the foundations for community health. Working together, businesses and governmental public health agencies can multiply their individual efforts to improve the health, well-being, and safety of individuals, families, and communities.

For the business sector, the fiscal impact of employee health screenings and other wellness initiatives are limited when health insurance is expanded to spouses and children and when the communities where employees and their families live actively undermine their health choices. Impacting health beyond the scope of a business’s internal policies and practices will require partnership. Governmental public health agencies have a demonstrated ability to contribute to changing these community conditions through policy-level and community-level interventions that can ultimately contribute to lower health care costs, lower absenteeism, and improved presenteeism. Engaging with governmental public health agencies has the added benefit of being viewed as impartial, science-based, credible, non-partisan, and mutually beneficial.

WHAT BUSINESS BRINGS TO PUBLIC HEALTH

Table 2: Presenting Value Propositions to Governmental Public Health Agencies

What Businesses/Chambers Offer	How Public Health Benefits
<ul style="list-style-type: none"> • Reach into the community through their employees and families • Expertise in marketing, communications, and public relations • Resources and capacity to contribute funding, staff-time, services, and products • Leaders as champions of collaboration • Political influence 	<ul style="list-style-type: none"> • Improved community health • Shared resources and efforts to achieve public health goals • Greater reach into the community • Renewed interest and investment in governmental public health agencies and initiatives • Greater awareness and buy-in from policymakers and other influencers

Source: “Improving Population Health: The Business Community Imperative.”³⁴

The Pitch

Government cannot solve public health problems alone. It needs business partners to succeed. Complex health challenges require cross-sector partnerships, to which businesses bring expertise and relationships to the table, including credibility with and influence on elected officials, marketing and communications acumen, and information technology. Aligning philanthropic and in-kind contributions from businesses, when available, can accelerate change at the community level.

For governmental public health agencies, the continued erosion of public health funding and infrastructure threatens their ability to provide essential public health services and threatens their communities’ ability to develop and maintain thriving economies. Local businesses and chambers of commerce can be valuable partners that support and enhance the work of governmental public health agencies. When business understands and advocates for public health policies and programs, the community benefits.



Forming Partnerships Between Businesses and Governmental Public Health Agencies

Through input from roundtables, key informant interviews, and case study discussions, themes emerged about the nature of partnerships aimed at improving community health. Front and center was the need to form a true partnership with shared leadership and goals. Not unexpectedly, a number of common barriers surfaced, ranging from language and communications to encountering conflicts of interest. However, many agreed that these barriers, while real, were surmountable through mutual trust and collaboration.

TRUE PARTNERSHIPS

The key factors cited as defining a true partnership include:

- **Motivated and committed leaders.** Leaders facilitate a process that allows everyone to bring their knowledge, resources, and experiences to the table and empower staff to take initiative.
- **Shared leadership.** Each entity contributes meaningfully to the partnership in an engaged and equal way, and all parties derive a benefit.
- **Strategic planning and establishing common ground.** Through shared decision-making, collaborators develop mutually agreed upon agendas, goals, work plans, expectations, and desired outcomes.

Some interviewees emphasized that true partnerships are not just one entity giving money to the other. The majority of resources do not have to be solely financial (for example, they can include products, staff time, knowledge, property, etc.). There is a spectrum of ways that businesses can get involved, from giving money to supporting a specific public health goal to leading community initiatives. Some examples in action include CVS's ban on tobacco products or Walmart's initiative to truck water and supplies into emergency-response areas at the request of local health departments.^{35,36} Existing resources can be repurposed or extended to reach the community, such as Cigna's mobile biometrics unit (Health Improvement Tour) in Pennsylvania (see Allegheny County spotlight on page 19) or U-Haul's on-site farmers market in Arizona (see Maricopa County spotlight on page 14).

Many businesses begin to prioritize health outcomes through employee wellness programs and internal business practices, so it's not a surprise that many business-public health partnerships begin here as well. For example, in Maricopa County, Arizona, and Allegheny County, Pennsylvania, the partnerships between the public health agency and businesses are in the process of expanding from a focus on worksite policies to improve employee health to a focus on community health. Others are already working further upstream to jointly push for policies that will impact the entire community (Kansas City and Oklahoma City).

The city of Nashville, Tennessee, is often mentioned as a commendable and long-standing example of how the public and private sectors can come together to improve community health and advance economic growth. The Governor's Foundation for Health and Wellness, based in Nashville, supports a state-wide Healthier Tennessee initiative.³⁷ The foundation acts as a convener, bringing together multiple sectors to guide and implement the initiative, which strives to improve physical activity, encourage healthy diets, and reduce tobacco use. Experts consider it a model for positive, measurable change that enables and encourages Tennesseans to lead healthier lives. Additionally, Nashville Health is a city-wide initiative inspired by BPC Senior Fellow and former U.S. Senate Majority Leader Bill Frist, M.D., to bring various sectors together to create a healthier future for his hometown.³⁸

Maricopa County, Arizona

In Maricopa County, Arizona, the Maricopa County Department of Public Health (MCDPH) administers the state-wide Healthy Arizona Worksites Program (HAWP) and partners with the Greater Phoenix Chamber Foundation's Wellness AtoZ initiative. Wellness AtoZ began with corporate funding from title sponsor Blue Cross Blue Shield of Arizona in an effort to improve Arizona's overall health ranking. Knowing that health and community culture are important to individuals looking to relocate, the foundation saw this as an opportunity to attract and retain top talent, the single biggest driver of economic growth. Grant funding from MCDPH followed and was integral in helping Wellness AtoZ expand its outreach to businesses in Maricopa County.

The focus of HAWP is to help Arizona employers implement evidence-based worksite wellness initiatives to improve the health of their employees. The MCDPH provides data and evidence-based materials, and the Wellness AtoZ employers pledge to promote healthy communities by strengthening their wellness programs.

The HAWP's Healthy Arizona Worksite Award recognizes employers that use evidence-based strategies to improve the health of their employees. Originally, there were three levels of recognition: Copper, Silver, and Gold. *HAWP added a Platinum-level award to recognize businesses that extend their reach "beyond their walls to address one or more health challenges impacting communities across the state."* In the first year, almost 40 employers engaged in community health initiatives. One example of the power of the partnership between HAWP and Wellness AtoZ is U-Haul. Initially, U-Haul signed up as a Wellness AtoZ employer and as part of the WorkWell pillar, staff attended a HAWP training. They received the HAWP Gold Award and, in an effort to achieve Platinum status, opened a monthly on-site farmers market to the wider community in 2018.

A successful message to business is one that focuses on corporate social responsibility and asks: What is your business's responsibility to the community? Businesses know that to attract new employees, they need to be viewed as employers of choice by aligning their social values with those of the incoming workforce. That values-based connection resonates at small and large companies alike.

Several other communities also offer illustrative and impressive examples of cross-sector partnerships. For example, the Minneapolis Health Department's Green Cost Share Program worked with area businesses to reduce pollution, and the Minneapolis St. Paul's Workplace Wellness initiative, in partnership with the Minneapolis Regional Chamber of Commerce, supports employers' worksite wellness programs.^{39,40} Other partnerships include Kern County, California, Public Health Services' efforts to redirect surplus food to those in need, Ohio's Cuyahoga County Board of Health's initiative to establish two high-quality supermarkets to address food deserts, and the Priority Spokane collaborative in Washington, which currently works to stabilize the lives of homeless children and their families.^{41,42,43}

Partnerships may take many forms as variations exist among the entity acting as the convener, the partners involved and their level of involvement, the particular health focus, actions taken, and the structure and scope of the initiatives.

BARRIERS TO ENGAGEMENT

For businesses and governmental public health agencies to build partnerships, they need to decide to dedicate time, energy, and staff resources to collaborative activities—assets that are not always readily available even in the best of economic times. A targeted effort to engage in a partnership requires a strong will on the part of leaders from both camps and an unwavering commitment to maintain the initiative over a long time, often lasting several years after the partners have built a foundation of mutual trust. However, barriers to engagement exist.



Language and Communication

One of the most frequently mentioned barriers to collaboration is that business and public health spokespersons do not speak the same language. Both sectors often rely on different catchphrases and jargon that do not translate well in conversations with the other party. For example, the term “surveillance” may mean different things depending on the audience. To public health officials, it refers to data collection and analysis, but businesses may misinterpret the term as spying. Similarly, those outside the public health community often misunderstand the term “social determinants of health.”⁴⁴ One way to translate this important concept for a business audience is to frame it as improving the foundations of community health and tying those improvements to employee health.

Clear communication is fundamental. Learning and applying language that resonates with the target sector (Table 3) can help facilitate partnerships and make it easier to identify common ground and areas of shared interest.

Table 3. Evaluation Terms Commonly Used by Public Health and Business Partners

Public Health	Business
Evaluation	Assessment or monitoring
Program effectiveness	Efficiency or cost-effectiveness
Program or intervention	Product
Quality assurance	Quality improvement
Outcomes	Results or benchmarks
Process measures	Short-term indicators or benchmarks
Impact measures	Intermediate indicators or benchmarks
Outcomes measures	Long-term indicators or the bottom line
Priority populations	Targets or market segments

Source: “Evaluating Partnerships to Prevent and Manage Chronic Disease.”⁴⁵

Cross-Sector Networking Skills

The skill sets and educational backgrounds of employees at health departments, local businesses, or chambers of commerce may have little overlap. Some experts suggest that governmental public health agencies, businesses, and chambers need to appoint a specific person to lead cross-sector problem-solving and strategic-planning initiatives for the alliance to succeed. At larger organizations, this individual would ideally have experience and training in public health *and* business and would be situated at a high enough level within their organization to be influential. While that individual might also hold other roles at their organization, the person’s role in cross-sector collaborations should be formalized rather than seen unofficial or ad-hoc. Some businesses or governmental public health agencies may want to call this person their chief health strategist or chief health officer.⁴⁶

Conflicts of Interest

Conflicts of interest and policy disputes can also be barriers to collaborative efforts, along with the threat of unequal power relations.⁴⁷ Given their core business purpose, certain topics may be off the table for some companies. Examples include imposing taxes on sugar-sweetened beverages, imposing prohibitions on alcohol sales, requiring motorcycle helmets, or even increasing minimum-wage rates. However, some issues once considered untouchable have gained traction and businesses now commonly support them, such as increasing the minimum age for purchasing nicotine and tobacco products. In Kansas City, the Tobacco 21 campaign was a shared policy position of both the local health department and chamber of commerce, and it achieved great success.

Kansas City, Missouri—Healthy KC

When a well-known men's fitness magazine ranked Kansas City as the second fattest city in America, it became clear to the Greater Kansas City Chamber of Commerce (KC Chamber) that the negative publicity resulting from poor community health could damage the city's brand. Prospective companies were using that regional health information to determine where to install new business headquarters, so the city's health status could have deterred employers from coming to Kansas City and ultimately hurt economic development. The municipality needed to improve to stay competitive with peer cities.

Given the clear common interest of making greater Kansas City a destination for health and wellness, the KC Chamber partnered with Blue Cross Blue Shield of Kansas City, the mayor of Kansas City, and the Kansas City, Missouri, Health Department (KCMOHD). The KCMOHD was a necessary and natural partner; it had data and technical expertise on specific problem areas and could articulate big-picture goals.

The group identified five focus areas for the collaboration: (1) healthy eating, (2) active living, (3) behavioral health, (4) workplace wellness, and (5) tobacco-use cessation and prevention. Teams from across the various stakeholders worked to develop near- and long-term strategies and goals for each focus area.

Efforts to raise the minimum age for the sale of tobacco products from 18 to 21—referred to as “T21” policies—were a major success for the Healthy KC partnership. The T21 campaign launched in 2015 with a goal of encouraging five cities to adopt T21 legislation over the next three years. The initiative achieved a domino effect on other health departments in the region, and by May 2019, 30 cities had adopted this policy.

There is a mutual respect and collegiality between the partners in Kansas City. Building trust and relationships takes time and can be a balancing act between patience and persistence, which, in Kansas City, evolved over 20 years. The nature of shared leadership means, at times, one partner leads and the other follows, but the roles reverse over the course of the partnership. It is important to preserve the ability to be flexible and nimble. The community was only able to achieve success with T21 by putting other activities on hold. At the time, it was “all hands on deck” for both the KCMOHD and the KC Chamber to take advantage of the momentum surrounding tobacco policy.

Lack of Resources

Lack of available resources—both human and financial—especially to local health departments was a familiar theme. Increasingly, states give public health agencies broad mandates but limited budgets. Often, they operate according to narrowly defined directives, specified by external groups such as local city councils or legislative bodies, and can be called on to address immediate crises. Similarly, funding for staff positions may be directly tied to specific programs, grants, or federal funds, making it difficult to shift responsibilities and free up time to focus on external partnerships.



Staff Turnover

Another barrier to meaningful and sustained engagement is frequent staff changes and therefore strategy changes, both in the public and private sectors. Over time, leaders and staff may leave their positions. Mayors, council members, and other public-sector executives may be replaced every two to four years due to elections or term limits, and this can lead to changes in senior staff at health departments. Similarly, turnover within the C-suite of a company can trickle down to mid-level staff. If a single political or corporate leader spearheads a partnership and does not receive institutional support, the partnership may end when the leader moves on.

Measurement

Public health centers work on prevention, which requires long-term investment and often does not produce measurable health or financial outcomes for years. In the short-term, public health can offer process measures and behavior change metrics, but these are often less satisfying. Businesses make decisions quickly, and financial results heavily influence those decisions. Finding a middle ground where both parties can be satisfied with the measures of success and length of time between measurements can be challenging.

Culture

Ultimately, businesses are looking for opportunities to increase their bottom lines. Many of the activities that public health pursues in the community do not generate a profit and sometimes do not generate savings until far in the future. Different interests sometimes align such that improved community health also achieves economic prosperity, but these interests may diverge and make partnerships difficult to start and maintain.

Despite these challenges, each limitation also offers an opportunity for engagement and joint action. Venturing into a cross-sector collaboration requires upfront time and energy to learn the distinct languages, motivations, strengths, concerns, and bottom-lines of each partner, and this understanding is immensely helpful for the initial outreach across sectors as well as its ongoing maintenance.

OPPORTUNITIES AND LESSONS LEARNED

Several underlying themes emerged from our research that can inform ways of addressing many of the barriers listed above. These align well with previously published reports that have extracted the essential elements of successful public-private partnerships.⁴⁸

Shared Vision and Values

It is important that employers and public health officials articulate their respective visions and values in broad terms and then identify specific topics or initiatives where they can partner. Like businesses, governmental public health agencies should position their offerings as a brand that supports population health and economic growth. The partnerships in Kansas City and Oklahoma City had this mind-set, which helped revive and refocus their images and demonstrated who they were in the community. At the same time, business and public health leaders need to be open about the potential risks and rewards from partnerships. In completing these types of vision exercises, it's important to distinguish between internal CoH initiatives that only benefit the business's employees and those that are externally focused and benefit the community at large. Finally, employers and public health partners need to develop well-tuned pitches that succinctly explain the reasoning behind working with one another toward a common goal (see examples on pages 11-12).

Oklahoma City, Oklahoma—Wellness Now

The Oklahoma City-County Health Department (OCCHD) formed the Wellness Now initiative in 2010. Initially, the goal was to “put the city on a diet,” but as the weight-loss initiative advanced, so did the community buzz around this health-forward city initiative; and so, the focus broadened. As a community-driven effort, a dissatisfaction with the image of the city helped incite action to improve health as a means of boosting local economic development.

It took time and persistence for OCCHD to engage businesses and keep them involved. Equipped with robust data in their Wellness Score Data Dashboard, business leaders could see where the city was doing well and where it was struggling. The OCCHD earned a seat at the table with the Greater Oklahoma City Chamber to discuss how a focus on health could benefit businesses and support economic development. The OCCHD recognized that it would need to adjust its pitch to make sure the message would resonate with a sector unfamiliar with traditional public health terms. It also understood that business leaders are often weary from solicitations of funds, and OCCHD hoped for a more meaningful commitment than just one-off donations, so that appeals for involvement considered each party’s resources and time. The chamber’s involvement was critical; it brought business attention, skills, and resources to support Wellness Now.

Businesses recognized that an unhealthy workforce was limiting employer efforts to recruit physically and mentally healthy employees at a time of low unemployment and shrinking government funding. Citizens approved ballot initiatives that would fund senior wellness centers and infrastructure improvements designed to increase physical activity. At the same time, there was growing recognition of the need for criminal justice reform and its link to poor mental health among children and adults. As described by one key participant, “If you keep people out of jail, families will be maintained, children will learn, obesity rates will drop, and employers will have a larger pool of able workers from which to can recruit.” Public health statistics indicating that children with incarcerated parents were 70 percent more likely to become incarcerated themselves also helped garner the respect and support of business leaders. Originally, the chamber only engaged in health issues when the health department approached it; now, it sees mental health and criminal justice reform as priority items.

In recent years, the collaborative has worked on a wide range of issues—for instance, tobacco use, mental health, maternal care, teenage pregnancy, and criminal justice—that tap into the interests of various stakeholders.

Having “Skin in the Game”

Partnership involves working jointly to accomplish a shared vision and mission using joint resources. This means more than just attending meetings; it requires pooling resources, sharing expenses, and sharing the spotlight that accompanies being an employer or community of choice. Partnerships do not have to exist solely between a local governmental public health agency and a local business or chamber, but both should play leadership roles in any larger collaborations.



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Common Language

It is important to define key terms and to ensure that partners do not misconstrue them. “Public health” is a broad and often misunderstood term. Similarly, businesses use terms like “value-add,” “bottom line,” “return-on-investment” or “ROI,” “contingent workforce,” “deliverable,” and “key performance indicator” that may sound foreign to public health professionals. Local communities may wish to adopt words that are more general in their appeal. These may include such terms as “community sustainability,” “healthy community,” “competitive workforce,” “socially responsible businesses,” “thriving cities,” and “sustainable culture.” In its successful bid to bring businesses into its Wellness Now initiative, the Oklahoma City-County Health Department changed the way it spoke about the program so its message resonated with business partners.

Allegheny County, Pennsylvania—Live Well Allegheny

Launched in 2014 by the Allegheny County Health Department (ACHD) and County Executive, Live Well Allegheny (LWA) is a local health department-led initiative. The initiative engages businesses through the Live Well recognition program and works with the private sector to find areas of common ground that can affect community health. Communities, schools, restaurants, and workplaces can gain Live Well recognition status.

The ACHD, responsible for restaurant inspections, wanted to introduce a more positive aspect to its duties rather than just being viewed as a regulator. It also discovered that business efforts to improve community health are more often tied to public relations than the company bottom line. “For Live Well, we’re trying to make a difference in communities, so we ask [businesses], ‘Can we celebrate your successes?’” said an ACHD leader. “We’re offering to help them publicize the wonderful work they’re doing.” Gaining LWA recognition helps motivate businesses, and LWA helps highlight their efforts.

LWA asks businesses to commit to a minimum of four action steps across one or more of the following categories: (1) building, facilities, workplace environment; (2) policy integration; (3) health education, screening, and prevention; or (4) leadership commitment and employee ownership. Their three main priority areas are: (1) reducing cigarette smoking; (2) increasing physical activity; and (3) improving nutrition—but LWA and the ACHD have worked with businesses on a wide range of community health-related projects.

LWA is low-threshold by design, which offers an early positive experience for employers and opens the door to deeper relationships and work on other issues in the future. For instance, after a large local grocery chain, Giant Eagle, became a Live Well workplace; the ACHD worked with their pharmacy to address the opioid crisis by adding take-back drop boxes for prescription medications and putting needle-disposal areas in bathrooms at locations with high rates of overdoses. The opioid crisis has touched the entire community and some employers are interested in getting more involved and educated on the topic, including through Naloxone trainings.

Cigna Group Insurance was one of the earliest applicants for the Live Well Workplace award. The company has a charitable foundation, and the CEO supports a family foundation that targets medically underserved areas. One of Cigna’s projects is the Health Improvement Tour, a mobile biometric-screening and health-coaching unit initially offered to company employees, but which was expanded to reach medically underserved communities. Gaining Live Well recognition provided Cigna with positive public relations exposure, and the ACHD has been a great resource for connecting the employer with local leaders.

ACHD leaders noticed that many businesses are interested in sustainability (for example, LEED-certified buildings) but do not think about the concept as health-related. For government public health agencies, this presents an opportunity to find common ground, begin a conversation, and meet businesses where their interests are.

Understanding the Difference Between Health and Health Care

It is also important that constituents appreciate the differences between paying for health care services or health insurance and addressing the root causes of poor health. The Affordable Care Act brought health insurance to the forefront of many employers' minds, so it is natural for conversations about health to trigger discussions about insurance or health care services, or for initial partnerships with public health agencies to focus on filling gaps in care in the community (see Allegheny County). However, partnerships that address needs at the individual level (like a workplace wellness program focused on hypertension) cannot make the broad impact that partnerships that address the foundations of community health (for example, healthy food access, transportation, housing, education, crime, and economic conditions) can.

Leadership Buy-In

For partnerships to succeed, business and public health leaders need to clearly communicate the value of engagement in community health to their peers. This involves identifying a hook or a priority issue; explaining the data in support of prioritizing this issue; and how the issue fits with the culture, values, and business operations of the organization and its leadership. Ideally, political leaders become engaged across party lines, and all stakeholders can clearly describe the value of partnerships to their respective audiences and explain in clear terms what a solution looks like.

Identifying the right leaders is also important. Because businesses' internal structures can vary so widely, it may be hard to identify the right person or department to approach about a new partnership. One expert suggested that corporate social-responsibility departments at larger businesses or the C-suite at midsize businesses would be better places to start than human resources or benefits-management staff when promoting a community initiative.

Strategic Marketing and Communications

As initiatives take hold, researchers need to disseminate results to all the relevant stakeholders in consistent and clear language. This may include newspaper articles or editorials, television interviews, social media, town hall meetings, conferences, or other venues. Key supporters of the initiatives should be given credit and ample publicity to reinforce their efforts both inside and outside their institutions. Communication was especially key to the Live Well Allegheny initiative, which offers a Live Well recognition status for participating employers.



Recommendations

Meaningful partnerships between businesses and governmental public health agencies are still in their early adoption phase, with some communities forging the way, others testing the waters, and still others having yet to explore these opportunities. To build and deepen these nascent partnerships, we offer a series of recommendations derived from input from the many groups, communities, and individuals who participated in this project. Recommendations on tactics and communication are aimed at local governmental public health agencies, local businesses, and local chambers of commerce. Additionally, we offer ways that outside stakeholders, such as philanthropies, can advance this work.

TACTICS FOR BUILDING SUCCESSFUL PARTNERSHIPS

While every partnership between a business or groups of businesses and their local governmental public health agency will be unique, new partnerships can be primed for success through early strategic thinking about who should be at the table, how to get them to join, and what to focus on. An organization's ability to tackle these early steps can also serve as a measure of readiness for entering into meaningful collaborations.

1. Develop a strategic map of local players.

Organizations with certain characteristics may be more ready for these partnership discussions than others. They include chambers of commerce, anchor or legacy institutions with a historical presence in the local community, midsized companies with deep ties to the community, or larger companies with a local headquarters. Additionally, it is important to identify companies naturally drawn to public health work, such as organizations with robust employee wellness programs; companies that employ a chief health officer or chief medical officer or that have other prominent staff with backgrounds in public health; companies already engaged in community philanthropy or sustainability efforts; and companies with products and services connected to community health that want to enhance their brand. For each target organization and individual, pitches should be crafted to reflect their values.

2. Prepare an “ask.”

Public health officials should craft a persuasive message tailored to the potential business partner that is specific, tied to measurable objectives, data-driven, and illustrates why the entity should care about a proposed public health initiative. Initial asks should center on shared goals and opportunities for impact, rather than funding. Officials should do this in a way that explains how the given business or coalition of businesses is particularly well-suited to address the issue. They should also make an appeal to the humanitarian mission of the business, explaining how a successful outcome would support individual, family, and community well-being. In addition to aligning with the organization's stated mission or vision, relevant business metrics should support the community health initiative. Topics like opiate abuse, poor mental health, shortage of a healthy and skilled workforce, costly diabetes treatment, and high obesity rates are common conversation starters that inspire local health departments and businesses to convene a discussion of common problems and potential solutions. If a business is not yet comfortable tackling a public health issue, it may still be amenable to delivering health-related messages to its employee networks and families. Importantly, at the end of these discussions, business and public health officials should be prepared to advance from why to how.

Similarly, businesses or chambers interested in community health promotion should seek out partnerships with local governmental public health agencies. Here, pitches should focus on how this initiative will be more successful if local businesses are partners with governmental public health agencies. To this end, businesses and chambers should focus on their direct connections to their own employees and their families; their marketing and communications expertise; their influence with local elected officials; any offers of tangible resources such as staff, technology, or financial support; and a willingness to enter into a partnership that goes beyond short-term public relations by addressing mutual values and goals.

3. Recruit passionate leaders as champions for the initiative.

When trying to bring disparate groups or individuals together, enlisting passionate leaders can make or break the endeavor. Beyond the requisite skills and experiences necessary to articulate the need for collaboration, this person should be someone who business and public health leaders regard as a trusted advisor and change agent. The ideal leader would be supported by elected officials, positioned at a high enough level within the governmental public health agency's or company's hierarchy to allow him or her to execute on ideas, but also exist within a stable, non-political office to ensure that efforts can outlast individual political or executive leadership. The person's title might be "chief health strategist," "chief health officer," "population health leader," or "chief community health innovations officer."

4. Take advantage of "low-hanging fruit."

At face value, many shared values seem like they should be universally accepted and embraced by business and public health alike. However, emotions, such as fear (for example, news coverage of the opioid epidemic or reaction to a natural disaster) or immediate needs (for example, an aging or under-skilled workforce, urban flight, or erosion of a company's brand) may spark diverse entities into action as they recognize overlapping areas of shared interest. When groups identify common problems and their root causes, businesses and public health officials can skip over a discussion of who is responsible and immediately focus on finding possible solutions.

In Appendix C, there are examples of common problems, often described as low-hanging fruit, where cross-sector collaborations have simultaneously addressed social determinants of health and business challenges. These include the areas of economic stability, conditions in neighborhoods and the built environment, education, health and health care, and food access and healthy eating.

5. Measure success and impacts.

There is a clear need for data, measurement, and metrics that demonstrate the impact of partnerships. Key measures need to be developed so that they address the short-term and long-term objectives of those involved. Measures must be defined ahead of time and resonate with the various audiences critical to initiative success. It may be useful to build a common dashboard that captures key data and displays those data in an illustrative format, as Oklahoma City did. Outcomes measures could include community health outcomes, access to care, the availability of recreational facilities and healthy food options, crime rates, local economic and employment trends, and health care costs or cost-savings. Because moving the needle on these measures can take years, collaborators should also define interim goals or process measures that can help maintain enthusiasm and momentum.

EFFECTIVE COMMUNICATION

With effective programming in place, strategic communications can hasten the spread of best practices and lessons learned between business and public health partners to other communities that are newly forming partnerships to address community health.

6. Use multipronged communication strategies.

Different messages and media will resonate with various audiences. Partners should consider preparing infographics, videos, conference presentations, webinars, slide decks, and social media content touting and explaining the work within their communities. For many, this may involve engaging outside marketing and communication experts to help produce materials and messages. Similarly, it is important to develop innovative ways to gather, interpret, and exchange meaningful data and information, including the translation of health information to support corporate community health improvement and purchasing activities.

With myriad potential communication strategies, partners should ensure they are tailoring their messaging based on the needs and the predispositions of their audience. For example, statistics and infographics that convey data-driven information will resonate with some, while story-telling and visuals that bring out the emotion behind an issue will be more salient for others.



7. Disseminate and utilize existing tools and resources.

Many communities will find that as their initiative grows, a toolkit to help onboard prospective partners is immensely helpful. Inasmuch as these resources can be utilized or tailored for use in other communities, leaders of successful collaborations should consider sharing these toolkits. Similarly, partners looking to start new initiatives in their communities should take advantage of existing toolkits and guides (see Appendix B); technical-assistance programs available through governments, universities, think tanks, and foundations; and training and certification programs that can help develop the tactical and leadership skills necessary to make collaborations successful.

OUTSIDE STAKEHOLDERS

Regional, state, and national entities such as philanthropies, non-profit organizations, or governments also have a critical role to play in promoting collaborations between the business and public health sectors. Within many of the recommendations above are opportunities to offer technical assistance, resource curation, and information dissemination. Additionally, outside organizations can be uniquely positioned to see the field from above, identify gaps in practice and research, and work to fill those gaps.

8. Distribute new and compelling case studies.

Developing and disseminating examples of communities that have successfully built bridges between businesses and public health and have achieved measurable results will be crucial for spreading these model initiatives to new communities. While existing partnerships may be successful in the eyes of their communities, they may lack formal evaluations of their outcomes. Providing guidance in designing and implementing a measurement and evaluation framework is a key role for organizations with expertise in technical assistance for program evaluation. With these metrics in place, case studies can then be developed and promoted through scientific and business publications that require peer-review as well as through more informal channels that do not.

9. Establish recognition programs.

Celebrating the success of exemplary and sustainable public-private partnerships welcomes progress, generates motivation, and instills pride in newcomers and existing community leaders alike. Recognition programs can be a tool at both the local level (see the recognition programs in Allegheny County and Maricopa County) and the national level. These programs can be run by local-, state-, or national-level organizations and can range from recognizing individual businesses or governmental public health agencies for exceptional work to recognizing entire communities or regions for effective and impactful collaborations. National or state programs can be modeled after existing award programs, such as the Health Project's C. Everett Koop National Health Award. At the federal level, the secretaries of the Health and Human Services, Labor, and Commerce departments, for example, could jointly sponsor a national award recognizing exemplary models of how private and public sectors can work together to improve the health and well-being of workers and their communities. This recognition can positively influence the public's view of a company's and community's social responsibility and their overall reputation.

10. Fund demonstration programs.

To accelerate the understanding of best practices, it is important to support communities interested in becoming test laboratories for innovative public-private collaborations. Communities should design these demonstrations by taking advantage of evidence-based principles and best practices. Demonstrations require up-front strategic and tactical business plans that spell out specific and measurable outcomes. They require that sufficient resources be injected into an innovation community and that there is a long-enough timetable for program execution and evaluation (for example, three to five years). Importantly, such a program needs a comprehensive measurement and evaluation framework established at the beginning of the experiment with appropriate stakeholder involvement in the project, including definitions of key performance indicators. Stakeholders should consider supporting demonstration projects in communities with bipartisan leadership and significant public health needs.



Conclusion

When interviewed on the subject of partnerships with governmental public health agencies, one business executive explained the relevance of health this way: “Our employees go home to their families who live in communities.” This is the bottom line; business and health are intrinsically linked. Business and public health should work together to address the foundations of community health if they want to make meaningful improvements in the health of consumers, employees, and communities. In communities across the country, public health and business leaders are starting to acknowledge the need for and the potential value of partnerships, but there is still much work to be done.

The research in this paper found many examples of partnerships in early stages. Many employers are still focusing on worksite wellness, which is encouraging, but has a very limited ability to make an impact on health at a community level. In some communities, business leaders are forging new partnerships while the governmental public health agency lags behind. Conversely, some governmental public health agencies lead cross-sector collaborations and coalitions. All of these have the potential to grow into true partnerships that sustainably benefit community health by improving the foundations for community health. Learning from these case studies and examples of partnerships at all stages is central to moving toward lasting change.

Ultimately, public health agencies and business leaders can improve community and economic conditions together, creating a thriving and prosperous community. Disseminating and promoting this value proposition has the power to galvanize both business leaders and public health leaders who are ready to initiate and deepen cross-sector partnerships with each other and with other community stakeholders. It is one more tool that can make the case for partnerships and for further progress toward shared community health goals. Similar to the movement for sustainability and environmentally responsible businesses, partnerships with public health and investments in community health are the next frontier for good business and effective public health. Our hope is that this report and value proposition will inspire and encourage more transformative partnerships in which businesses and governmental public health agencies work together to build a healthier future for all communities.



Appendix A: Interviewees

Name	Title and Affiliation	Informant Type
Neil Goldfarb	President and CEO, Greater Philadelphia Business Coalition on Health	Business Representative
Mike Thompson	President and CEO, National Alliance of Healthcare Purchaser Coalitions	Business Representative
Chrissie Juliano, MPP	Executive Director, Big Cities Health Coalition	Public Health Representative
Georges Benjamin, M.D.	Executive Director, American Public Health Association	Public Health Representative
Michael O'Donnell, Ph.D., MBA, MPH	CEO, Art and Science of Health Promotion Institute	Other Stakeholders
Ursula Bauer, MPH, Ph.D.	Senior Advisor, Community Health and Economic Prosperity at the U.S. Department of Health and Human Services	Public Health Representative
Rachel Schacht, MPA	Senior Analyst, National Business Group on Health	Business Representative
Peter Wald, M.D., MPH	Vice President, Enterprise Medical Director, USAA	Business Representative
Nico Pronk, Ph.D., M.A.	Chief Science Officer, Health Partners Institute	Other Stakeholders
Nicole Morris, M.S., R.N., CWWPM	Regional Lead, Healthiest Maryland Businesses, Maryland Department of Health	Public Health Representative
Cathy Baase, M.D., FAAFP, FACOEM	Chairperson, Michigan Health Improvement Alliance, Inc. (MiHIA); former Chief Health Officer of Dow Chemical	Public Health Representative/ Business Representative
Jason Lang, MPH, M.S.	Team Lead, Workplace Health Programs, Centers for Disease Control and Prevention	Public Health Representative
Howard Koh, M.D., MPH	Harvey V. Fineberg Professor of the Practice of Public Health Leadership, Department of Health Policy and Management, Harvard T.H. Chan School of Public Health, Harvard Kennedy School	Public Health Representative
John Agwunobi, M.D., MBA, MPH	Co-President and Chief Health and Nutrition Officer, Herbalife Nutrition Ltd.	Public Health Representative/ Business Representative
Joxel Garcia, M.D., MBA	Vice President and Chief Medical Officer, American Express	Public Health Representative/ Business Representative

Name	Title and Affiliation	Informant Type
Karen DeSalvo, M.D., MPH, MSc	Professor of Medicine and Population Health, University of Texas at Austin, Dell Medical School	Public Health Representative
Jackie Shawnee	Director of Communications and Chief of Staff at Oklahoma City-County Health Department	Public Health Representative
Nicole Pepper	Project Manager, Greater Phoenix Chamber Foundation; Wellness Coordinator, Wellness AtoZ	Business Representative
Mitzi Schindler	Director of Communications, Aurora Chamber of Commerce	Business Representative
Scott Hall	Senior Vice President, Civic and Community Initiatives, Kansas City Chamber of Commerce	Business Representative
Chris Aldridge, MSW	Senior Advisor, National Association of County and City Health Officials	Business Representative
Patrice Webb	Vice President, Social Commitment, American Beverage Association	Business Representative
Tracy Zvenyach, MSN, N.P.	Senior Manager of Obesity Public Policy and Advocacy, Novo Nordisk, Inc.	Business Representative
Karen Moseley	President, Health Enhancement Research Organization	Business Representative
Julia Herzog	Vice President, Business Sector Strategies at Alliance for a Healthier Generation	Business Representative/ Public Health Representative
Michelle Zamperetti, MPH	President and CEO, Zamperetti Consulting; Former Manager, Community Health Programs at General Electric	Business Representative
Jodi Mitchell	Founding Partner, JC Health Strategies	Business Representative
Hannah Person	Program Coordinator, Washington County Health Department, Healthiest Maryland Businesses	Public Health Representative
Karen Hacker, M.D., MPH	Director, Allegheny County Health Department	Public Health Representative
Hannah Hardy, Ph.D.	Manager of Chronic Disease Prevention Program, Allegheny County Health Department	Public Health Representative
Shadrach Jones, M.D.	Medical Director, Cigna Group Insurance	Business Representative



Name	Title and Affiliation	Informant Type
Eileen Eisen-Cohen, Ph.D., MSW	Performance Improvement Manager, Maricopa County Department of Public Health	Public Health Representative
Sherry Haskins, MPA	Worksite Initiatives Manager, Maricopa County Department of Public Health; Project Manager, Healthy Arizona Worksites	Public Health Representative
J. Mac McCullough, Ph.D., MPH	Health Economist and Assistant Professor, Arizona State University	Public Health Representative
Alina Baci, Ph.D., MPH	Activity Director, Roundtable on Population Health Improvement, National Academies of Sciences, Engineering, and Medicine	Public Health Representative
Melissa Lewis, MPH	Director, Health Equity, Association of State and Territorial Health Officials	Public Health Representative
Elyse Cohen	Senior Director, Food, Health and Wellness Programs, Chamber of Commerce Foundation	Business Representative
Lawrence Bowdish, Ph.D.	Director, Research and Issue Networks with the U.S. Chamber of Commerce Foundation's Corporate Citizenship Center	Business Representative
Carla Alvarado, Ph.D., MPH	Program Officer, National Academies of Sciences, Engineering, and Medicine	Public Health Representative
Michelle Price, J.D.	Associate Program Director, Health, National Association of Counties	Public Health Representative
Peter Holtgrave	Senior Director, Performance Improvement, National Association of County and City Health Officials	Public Health Representative

Appendix B: Frameworks, Guides, and Resources

Name	Lead Organization	Primary Audience	Notes
Partnering to Catalyze Comprehensive Community Wellness	The Health Care Transformation Task Force and The Public Health Leadership Forum	Public Health and Private Sector	An actionable framework for health care and public health collaboration; intended for public health and health care sector, but can be applied more broadly
Public Health 3.0 Call to Action	U.S. Department of Health and Human Services	Public Health	Guide for developing a modern (21st-century) public health infrastructure based on social determinants of health
Driving Corporate Involvement in Community Health and Well-being	Babson College's Lewis Institute for Social Innovation and IO Sustainability, LLC	Public Health and Private Sector	Resource targeted toward business leaders with lessons learned from the corporate-sustainability movement that can be applied when implementing community health improvement programs
Health in All Policies	American Public Health Association, the Public Health Institute, and the California Department of Public Health	Public Health	Geared toward state and local government leaders who want to use intersectoral collaboration to promote healthy environments
Improving Population Health by Working with Communities: Action Guide 3.0	National Quality Forum	Public Health and Private Sector	How-to guide and framework to help multisector groups work together to improve population health by addressing 10 interrelated elements for success and using the related resources as needed
Public Health Reaching Across Sectors (PHRASES)	de Beaumont Foundation and the Aspen Institute's Health, Medicine, and Society Program.	Public Health and Private Sector	Toolkit for messaging, including how to communicate with people in other sectors
County Health Rankings and Roadmaps—Action Center	Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute	Broad	The annual rankings provide a revealing snapshot of how health is influenced by where we live, learn, work, and play; roadmaps provide guidance and tools to understand the data and strategies that communities can use to move into action
The Healthy Business Coalition Toolkit	Robert Wood Johnson Foundation and the Business for Social Responsibility	Private Sector	Toolkit to support companies in creating innovative health initiatives and effective measures
Community Health Partnerships: Tools and Information for Development and Support	Developed by the National Business Coalition on Health and the Community Coalitions Health Institute	Public Health and Private Sector	Targeted to aid with the relationship-building between public health officials and business-led coalitions to begin, enhance, and sustain Community Health Partnerships
Social Determinants of Health: Know What Affects Health	Centers for Disease Control and Prevention (CDC)	Broad	Provides CDC resources for collecting data on social determinants of health and tools for actions, programs, and policies
THRIVE (Tool for Health and Resilience in Vulnerable Environments)	Prevention Institute	Public Health	Framework and health-equity tool



Name	Lead Organization	Primary Audience	Notes
Championing Health and Wellness: Communication Frame Works for Chamber of Commerce	Association of Chamber of Commerce Executives	Private Sector	Communication framework to improve community health
NACCHO Toolbox	National Association of County and City Health Officials	Public Health	Searchable database of public health resources and tools
Practical Playbook	de Beaumont Foundation and Duke Family Medicine and Community Health	Public Health and Primary Care	Resources for creating partnerships between public health and primary care
Value Proposition Tool	Kaiser Permanente Community Health, the Center for Health Care Strategies, and Nonprofit Finance Fund	Broad	Tool to help articulate value within community-based organization and health care organization partnerships
All In: Data for Community Health	All In: Data for Community Health	Public Health	A nationwide learning collaborative that helps communities build capacity to address the social determinants of health through multisector data-sharing collaborations
City Health Dashboard	City Health Dashboard	Public Health	Provides 37 measures of health, the factors that shape health, and the drivers of health equity to guide local solutions for 500 U.S. cities
Health in a Box Resources	CDC Foundation	Public Health	A six-step process for leading change to improve the community's health that promotes teamwork and cross-sector collaboration to address social determinants
The Intersector Toolkit	The Intersector Project	Broad	The toolkit is a guide to help diagnose, design, implement, and assess successful cross-sector collaborations

Sources: Chart partially informed by “An Environmental Scan of Recent Initiatives Incorporating Social Determinants in Public Health;”⁴⁹ National Alliance to Impact the Social Determinants of Health;⁵⁰ and the Robert Wood Johnson Foundation.⁵¹

Appendix C: Public Health Targets and Business Overlap

Social Determinants/ Foundation of Community Health	Issues Relevant to Businesses	Example Initiatives
Economic Stability	<ul style="list-style-type: none"> • Employment opportunities • Attraction of new companies to the community 	<ul style="list-style-type: none"> • Financial-literacy education • Workforce-readiness programs • Building a workforce pipeline
Neighborhood and Built Environment	<ul style="list-style-type: none"> • Attractive and affordable housing near the workplace, transportation, walkability (reduction in turnover and commuting stress) • Safety • Parks/playgrounds 	<ul style="list-style-type: none"> • Public recreational facilities (for example, walking and biking trails, outdoor exercise stations, indoor fitness centers, and pools) • Active transportation programs, like bike shares • Support for affordable housing • Clean environment
Education	<ul style="list-style-type: none"> • Developing a prepared future workforce • Vocational training 	<ul style="list-style-type: none"> • Investing in early childhood education • Affordable mentorship, after-school, and summer education programs • Apprentice, mentorship, vocational, and STEM job-training programs • Childcare support to employees
Health and Health Care	<ul style="list-style-type: none"> • Health coverage • Preventive services • Access to physical and mental health facilities 	<ul style="list-style-type: none"> • Offering comprehensive wellness programs, employee assistance, and on-site health clinics • Offering paid sick-leave policy; ample maternity and paternity leave • Supporting free or low-cost alcohol/substance use and mental health treatments • Supporting community wellness centers • Increasing the minimum age for the purchase of tobacco and alcohol products
Social and Community Context	<ul style="list-style-type: none"> • Stress • Supportive community systems • Community engagement 	<ul style="list-style-type: none"> • Increasing availability of fulfilling work, and supporting family leisure activities • Offering time off for community engagement and volunteer programs
Nutrition and Healthy Eating	<ul style="list-style-type: none"> • Access to healthy options, improved nutrition • Obesity 	<ul style="list-style-type: none"> • Supporting healthy food trucks, food banks, community gardens, and farmers' markets

Sources: Chart partially informed by “Improving population health: the business community imperative;”⁵² Institute of Medicine;⁵³ “Developing Two Culture of Health Measurement Tools: Examining Employers’ Efforts to Influence Population Health Inside and Outside Company Walls;”⁵⁴ and The Vitality Institute.⁵⁵



Endnotes

- 1 Organisation for Economic Co-operation and Development. *Health at a Glance 2017: OECD indicators* (OECD Publishing: Paris, 2017). Available at: https://doi.org/10.1787/health_glance-2017-en.
- 2 Institute of Medicine. *The Future of Public Health* (Washington, DC: National Academies Press, 1988), 40-41. Available at: <https://doi.org/10.17226/1091>.
- 3 Andrew Webber and Suzanne Mercure. "Improving Population Health: The Business Community Imperative." *Preventing Chronic Disease*, 7(6): A121, November 2010. Available at: <https://www.semanticscholar.org/paper/Improving-Population-Health%3A-The-Business-Community-Webber-Mercure/e940ef063fdee6c9a09d79ea3330da8061f85f20>.
- 4 Ibid.
- 5 Brian Castrucci and John Auerbach. "Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health." *Health Affairs Blog*, January 16, 2019. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20190115.234942/full/>.
- 6 Centers for Disease Control and Prevention. "Health Impact in 5 Years." 2018. Available at: <https://www.cdc.gov/policy/hst/hi5/docs/hi5-overview-v7.pdf>.
- 7 Ibid.
- 8 Healthy People 2020. "Social Determinants of Health." Office of Disease Prevention and Health Promotion, 2019. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.
- 9 Lauren A. Taylor, Annabel Xulin Tan, Caitlin E. Coyle, et al. "Leveraging the Social Determinants of Health: What Works?" *PLoS ONE*, 11(8): e0160217, 2017. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4988629/pdf/>.
- 10 Office of the Surgeon General. "The Surgeon General's Priorities." U.S. Department of Health and Human Services, 2019. Available at: <https://www.surgeongeneral.gov/priorities/index.html#econ>.
- 11 Nicolaas P. Pronk, Catherine Baase, Jerry Noyce, et al. "Corporate America and Community Health: Exploring the Business Case for Investment." *Journal of Occupational and Environmental Medicine*, 57(5): 493-500, 2015. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25806415>.
- 12 Lee M. Johnson and Diane T. Finewood. "Cross-Sector Partnerships and Public Health: Challenges and Opportunities for Addressing Obesity and Noncommunicable Diseases Through Engagement with the Private Sector." *The Annual Review of Public Health*, 18(36): 255-271, 2015. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25581149>.
- 13 Denise Koo, Patrick W. O'Carroll, Andrea Harris, et al. "An Environmental Scan of Recent Initiatives Incorporating Social Determinants in Public Health." *Preventing Chronic Disease*, 13(6): E86, June 30, 2016. Available at: <http://dx.doi.org/10.5888/pcd13.160248>.
- 14 Stergios T. Roussos and Stephen B. Fawcett. "A Review of Collaborative Partnerships as a Strategy for Improving Community Health." *Annual Review of Public Health*, 21(1): 369-402, 2000. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/10884958>.
- 15 Institute of Medicine. *The Future of Public Health* (Washington, DC: National Academies Press, 1988), 40-41. Available at: <https://doi.org/10.17226/1091>.
- 16 E. Salinsky. *Governmental Public Health: An Overview of State and Local Public Health Agencies*. National Health Policy Forum. Paper 244, 2010. Available at: https://hsrc.himmelfarb.gwu.edu/sphhs_centers_nhpf/244.
- 17 Gary Claxton, Matthew Rae, Michelle Long, et al. *Employer Health Benefits: 2015 Annual Survey*. Kaiser Family Foundation and Health Research and Educational Trust, 2015. Available at: <http://files.kff.org/attachment/report-2015-employer-health-benefits-survey>.
- 18 Ron Z. Goetzel, Raymond Fabius, Dan Fabius, Enid C. Roemer, et al. "The Stock Performance of C. Everett Koop Award Winners Compared With the Standard & Poor's 500 Index." *Journal of Occupational and Environmental Medicine*. January 2016; 58:3-8.
- 19 Jessica P. Grossmeier, Raymond Fabius, Jennifer P. Flynn, et al. "Linking Workplace Health Promotion Best Practices and Organizational Financial Performance: Tracking Market Performance of Companies with Highest Scores on the HERO Scorecard." *Journal of Occupational and Environmental Medicine*, 58(1): 16-23, January 2016. Available at: http://journals.lww.com/joem/Abstract/2016/01000/Linking_Workplace_Health_Promotion_Best_Practices.4.aspx.
- 20 Katherine Baicker, David Culter, and Zurui Song. "Workplace Wellness Programs Can Generate Savings." *Health Affairs*, 29(2): 304-311, February 2010. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2009.0626>.

- 21 Larry S. Chapman. "Meta-Evaluation of Worksite Health Promotion Economic Return Studies: 2012 Update." *American Journal of Health Promotion*, 26(4): TAHP1-TAHP12, 2012. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/22375583>.
- 22 Karen B. Kent, Ron Z. Goetzel, Enid Chung Roemer, et al. "Developing Two Culture of Health Measurement Tools: Examining Employers' Efforts to Influence Population Health Inside and Outside Company Walls." *Journal of Occupational and Environmental Medicine*, 60(12): 1087-1097, December 2018. Available at: https://journals.lww.com/joem/Abstract/publishahead/Developing_Two_Culture_of_Health_Measurement.98583.aspx.
- 23 Rachel Mosher Henke, Michael A. Head, Karen B. Kent, et al. "Improvements in an Organizations Culture of Health Reduces Workers' Health Risk Profile and Health Care Utilization." *Journal of Occupational and Environmental Medicine*, 61(2): 96-101, February 2019. Available at: https://journals.lww.com/joem/Abstract/publishahead/Improvements_in_an_Organization_s_Culture_of.98545.aspx.
- 24 Karen B. Kent, Ron Z. Goetzel, Enid C. Roemer, et al. "Promoting Healthy Workplaces by Building Cultures of Health and Applying Strategic Communications." *Journal of Occupational and Environmental Medicine*, 58(2): 114-122, February 2016. Available at: http://journals.lww.com/joem/Fulltext/2016/02000/Promoting_Healthy_Workplaces_by_Building_Cultures.2.aspx.
- 25 Gary Claxton, Matthew Rae, Michelle Long, et al. *Employer Health Benefits: 2018 Annual Survey*. Kaiser Family Foundation, 2018. Available at: <https://www.kff.org/health-costs/report/2018-employer-health-benefits-survey/>.
- 26 Robert Wood Johnson Foundation. "Workplace wellness: Q&A with Catherine M. Baase, The Dow Chemical Company." RWJF Culture of Health Blog, August 21, 2014. Available at: https://www.rwjf.org/en/blog/2014/08/workplace_wellness.html
- 27 Karen B. Kent, Ron Z. Goetzel, Enid Chung Roemer, et al. "Developing Two Culture of Health Measurement Tools: Examining Employers' Efforts to Influence Population Health Inside and Outside Company Walls." *Journal of Occupational and Environmental Medicine*, 60(12): 1087-1097, December 2018. Available at: https://journals.lww.com/joem/Abstract/2018/12000/Developing_Two_Culture_of_Health_Measurement.6.aspx.
- 28 Andrew Webber and Suzanne Mercure. "Improving Population Health: The Business Community Imperative." *Preventing Chronic Disease*, 7(6): A121, November 2010. Available at: <https://www.semanticscholar.org/paper/Improving-Population-Health%3A-The-Business-Community-Webber-Mercure/e940ef063fdee6c9a09d79ea3330da8061f85f20>.
- 29 Howard K. Koh, Sara J. Singer, and Amy C. Edmondson. "Health as a Way of Doing Business." *Journal of the American Medical Association*, 321(1), January 1, 2019. Available at: <https://jamanetwork.com/journals/jama/article-abstract/2718271>.
- 30 John A. Quelch and Emily C. Boudreau. *Building a Culture of Health: A New Imperative for Business* (New York: Springer International Publishing, 2016).
- 31 Michael E. Porter and Mark R. Kramer. "Creating Shared Value: How to Reinvent Capitalism—and Unleash a Wave of Innovation and Growth." *Harvard Business Review*, 89(1-2): 62-77, January 1, 2011. Available at: https://www.researchgate.net/publication/272576546_Creating_Shared_Value_How_to_Reinvent_Capitalism_-_and_Unleash_a_Wave_of_Innovation_and_Growth.
- 32 Rifat Atun, Claire Chaumont, Joseph R Fitchett, et al. *Poverty Alleviation and the Economic Benefits of Investing in Health, Forum for Finance Ministers 2016. Harvard T.H. Chan School of Public Health, 2016*. Available at: https://cdn2.sph.harvard.edu/wp-content/uploads/sites/61/2015/09/L-MLIH_Health-economic-growth-and-development_Atun-and-Kaberuka_4-11-16.pdf.
- 33 Andrew Webber and Suzanne Mercure. "Improving Population Health: The Business Community Imperative." *Preventing Chronic Disease*, 7(6): A121, November 2010. Available at: <https://www.semanticscholar.org/paper/Improving-Population-Health%3A-The-Business-Community-Webber-Mercure/e940ef063fdee6c9a09d79ea3330da8061f85f20>.
- 34 Ibid.
- 35 CVS Health. "We Quit Tobacco, Here's What Happened Next." *Cvshealth.com*, September 1, 2015. Available at: <https://cvshealth.com/thought-leadership/cvs-health-research-institute/we-quit-tobacco-heres-what-happened-next>.
- 36 Walmart. "Enhancing Resilience in the Face of Disasters." *Walmart.com*, 2017. Available at: <https://corporate.walmart.com/2017grr/community/enhancing-resilience-in-the-face-of-disasters>.
- 37 The Governor's Foundation for Health and Wellness. "Healthier Tennessee." 2019. Available at: <https://healthiertn.com/about>.
- 38 Nashville Health. "About Nashville Health." 2018. Available at: <https://nashvillehealth.org/about/>.
- 39 Minneapolis Health Department. "Green Cost Share." 2012. Available at: <http://www.minneapolismn.gov/environment/greencostshare>.
- 40 The Saint Paul Area Chamber of Commerce. "Workplace Wellness Initiative." 2019. Available at: <https://www.saintpaulchamber.com/workplace-wellness.html>.
- 41 Kern County Public Health Services Department. "Waste Hunger Not Food." 2019. Available at: <http://wastehungerkerncounty.com/food-donor/>.



- 42 Cuyahoga County Board of Health. "Supermarket Access in Cuyahoga County." 2018. Available at: <http://www.ccbh.net/cuyahoga-county-supermarket-assessment/>.
- 43 Priority Spokane. "Priority Spokane: Our Current Focus." 2019. Available at: <http://www.priorityspokane.org/index.html#about>.
- 44 Brian Castrucci and John Auerbach. "Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health." *Health Affairs Blog*, January 16, 2019. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20190115.234942/full/>.
- 45 Frances Dunn Butterfoss. "Evaluating Partnerships to Prevent and Manage Chronic Disease." *Preventing Chronic Disease*, 6(2): A64, 2009. Available at: http://www.cdc.gov/pcd/issues/2009/apr/08_0200.htm.
- 46 Karen B. DeSalvo, Claire Y. Wang, Andrea Harris, et al. "Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century." *Preventing Chronic Disease*, 14(9): E78, September 7, 2017. Available at: https://www.cdc.gov/pcd/issues/2017/17_0017.htm.
- 47 Lee M. Johnston and Diane T. Finegood. "Cross-Sector Partnerships and Public Health: Challenges and Opportunities for Addressing Obesity and Noncommunicable Diseases through Engagement with the Private Sector." *Annual Review of Public Health*, 36(1): 255-271, 2015. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25581149>.
- 48 HERO. *Phase II: Developing the Business Case—World Café Results, Role of Corporate America in Community Health and Wellness*. 2014. Available at: <https://hero-health.org/wp-content/uploads/2014/12/HERO-RWJF-Phase-II-Role-of-Corporate-America-in-Community-Health-Wellness-v-2.pdf>.
- 49 Denise Koo, Patrick W. O'Carroll, Andrea Harris, et al. "An Environmental Scan of Recent Initiatives Incorporating Social Determinants in Public Health." *Preventing Chronic Disease*, 13(6): E86, June 30, 2016. Available at: <http://dx.doi.org/10.5888/pcd13.160248>.
- 50 National Alliance to Impact the Social Determinants of Health (NASDOH). "Resources." Available at: <http://www.nasdo.org/resources/>.
- 51 Robert Wood Johnson Foundation. "Building a Culture of Health: Resources." Available at: <https://www.rwjf.org/en/cultureofhealth/resources.html>.
- 52 Andrew Webber and Suzanne Mercure. "Improving Population Health: The Business Community Imperative." *Preventing Chronic Disease*, 7(6): A121, November 2010. Available at: <https://www.semanticscholar.org/paper/Improving-Population-Health%3A-The-Business-Community-Webber-Mercure/e940ef063fdee6c9a09d79ea3330da8061f85f20>.
- 53 Institute of Medicine. *Business Engagement in Building Healthy Communities: Workshop Summary* (Washington, DC: The National Academies Press, 2015).
- 54 Karen B. Kent, Ron Z. Goetzel, Enid Chung Roemer, et al. "Developing Two Culture of Health Measurement Tools: Examining Employers' Efforts to Influence Population Health Inside and Outside Company Walls." *Journal of Occupational and Environmental Medicine*, 60(12): 1087-1097, December 2018. Available at: https://journals.lww.com/joem/Abstract/publishahead/Developing_Two_Culture_of_Health_Measurement.98583.aspx.
- 55 Vera Oziransky, Derek Yach, Tsu-Yu Tsao, et al. *Beyond the Four Walls: Why Community Is Critical to Workforce Health*. The Vitality Institute, 2015. Available at: <http://thevitalityinstitute.org/site/wp-content/uploads/2015/12/VitalityInstitute-BeyondTheFourWalls-Report-28July2015.pdf>.

Notes








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