

Population Health Matters

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GUEST EDITORIAL

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My Road to Jefferson and the Path Ahead

When I meet people for the first time, they often ask me how I got started in this work. Since this is my introduction as the new Associate Dean for Academic & Student Affairs, let me tell you a little bit about where I come from and how I came to be here at Jefferson.

I started my professional career in public health working part-time at an organization that was providing front-line HIV prevention programs for gay, lesbian, bisexual, and transgender (LGBT) kids in the deep South in the mid 1990's. As you could probably imagine, the work was not easy. Funding was very hard to come by, schools ignored us, and the religious community demonized us. State policy makers also fought us pretty hard. The governor actually halted condom distribution by state-funded organizations, saying the practice "condones behavior that many of our citizens view as unhealthy, inappropriate and in some cases illegal."¹ And if you are wondering, yes, that even included STD clinics, family planning providers, and AIDS service organizations that received federal "pass through" funding from the state. Later, a state senator testified that "homosexuality was a public health problem."² All of this while the rates of HIV infection among young gay men was increasing at staggering rates; so much so that AIDS became the leading cause of death among people aged 25-44.³ It was certainly rough and tumble work, but I gained appreciation for knowing who your real friends are, keeping a cool head in the face of some pretty intense opposition, and doing what it takes to get the job done.

When I started considering graduate school, my immediate interest was for an MBA program, since my undergraduate degree was in business. But I was encouraged by several friends to consider getting a master's degree

in public health. I met with a department chair who was recommended to me and we immediately hit it off. She was doing the work I wanted to continue doing and convinced me that a career in public health offered enough flexibility that my business background and interests could be integrated and that I would never be bored. She was right and I haven't looked back since.

In the years that followed, I began transitioning toward more "upstream" approaches to improving public health through policy and systems-level approaches. Then, after the passage of the Affordable Care Act, I seized the opportunity to work with hospital systems that were beginning to take more seriously the role they played in community health outcomes and the disparities among them. This is what led me to population health.

In October 2015 I attended the Population Health Academy at the Jefferson College of Population Health (JCPH) to learn more about what hospital systems were doing and to see what I could replicate in Northeast Ohio. As I'm sure you could guess, I was blown away by the talent in the room and in front of it. I knew that JCPH was where I wanted to be; and I am humbled to have been chosen to succeed Dr. Caroline Golab as the Associate Dean for Academic & Student Affairs and appreciate the warm welcome I have received from the faculty and staff.

When I arrived at JCPH, one of the first things I did to get acclimated was to review the academic programs—the degrees, course requirements, and syllabi. I was struck by the laser focus the College has taken on impacting population health at all levels: the

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healthcare quality and safety and operational excellence programs focus on identifying and addressing weaknesses in delivery systems; the applied health economics and outcomes research programs increase technical skills necessary to assess efficacy and effectiveness of health interventions; the public health programs engage broader community assets in prevention and wellness; the health policy programs re-examining how systems should support health; and, of course, the population health programs that provide a framework for action and develop the next generation of scientists who will develop new insights. Add to this the College's impressive professional development and consulting offerings, you can't help but reach the conclusion that our College is truly a national engine that is at the forefront of producing the next generation of uniquely qualified practitioners and scientists able to tackle the most pressing population health problems and lead the necessary change.

In September, I was fortunate to be a part of the student orientation for the Master of Public Health program here in the College. I like speaking to new students to help them form the right mindset to be successful in a graduate program. I've given this standard talk many times before. One of the most important things I stress to new graduate students is to expect to think and work "within the grey"—during graduate school

and afterward. Undergraduate education is mostly about correct and incorrect information, with notable exceptions in courses in the humanities. Many of the test questions are multiple choice, with one correct answer among only three other options. Not exactly real-world, is it?

In graduate school, it's different—especially in the fields of public and population health. Certainly there are technical concepts that must be mastered and statistical tests that must be performed and interpreted appropriately, but when it comes down to turning information into a decision and a decision into action, there is rarely one correct choice among three other incorrect options. There are tradeoffs to be made, ambiguity and misinformation to manage, and resource constraints—just to name a few. Add to that the shifting health care landscape, and we have quite a tall order to fill as we prepare our graduates to meet these demands. But I know we can do it!

As I think about the future of population health, the impact of the upcoming election cycle, new regulatory reforms already underway, and what we still don't know, I can't help but think about what the college must look like five and even ten years from now. How must our programs evolve? Do we need to create new programs? Do we create entirely new fields of thought? And ultimately, how do we increase our impact?



JCPH Associate Dean Willie H. (Billy) Oglesby

Starting in early 2017, we will be beginning our next strategic planning process for 2017-2019. I will be leading this effort in collaboration with all of our faculty, staff, students, and alumni, as well as our external partners and stakeholders. We will be examining our portfolio of programs, generating new ideas, planning a timeline of activities, and searching for the right intellectual and financial resources to help achieve those goals. I invite all of the readers of *Population Health Matters* to help us with this process. With your help, we'll chart the path ahead, staying on the leading edge of innovation in population health and impacting communities throughout the US and beyond.

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Bridging the Gaps: A Wealth of Learning on the Front Line

Thomas Jefferson University continuously demonstrates its dedication to the advancement of the Philadelphia community and beyond. As MPH students here in the Jefferson College of Population Health (JCPH) we experience daily how our curriculum challenges its students to advocate for populations and communities that may not have as many resources as its surrounding communities or the rest of the

nation. JCPH not only wants to develop advocacy skills in the classroom but also through tangible experiences within the community. This summer, two students from JCPH, Kerona Sharpe and Sydney Shuster, were able to gain experience with working with underserved populations through Bridging the Gaps (BTG) program this summer. [Bridging the Gaps](#) is a consortium comprising Thomas Jefferson University, the

University of Pennsylvania, Temple University, Drexel University, Philadelphia College of Osteopathic Medicine, Philadelphia University and other affiliate programs. The program makes a strong effort to promote interdisciplinary collaboration by recruiting interns who are studying public health, medicine, nursing, social work, occupational therapy and other health and social service professions. For over

25 years, BTG has partnered with various non-profit organizations across the city to promote improvements in the health and social services of the unique populations that these various non-profits serve. This seven-week immersion program provides valuable resources and experiences for both the organizations and the interns who had the opportunity to collaborate together this summer. Also included in this meaningful experience were weekly lecture sessions from guest speakers about various social and health topics that helped us all to consider social determinants of health that we as future professionals should consider in our work. Overall, this experience was excellent and provided exposure and experience that will prove to be valuable for our future careers.

KERONA'S EXPERIENCE

This summer I was paired with Southwest Community Development Corporation (CDC), a non-profit organization that works to provide resources and support to all its community members ranging from housing and economic development to educational opportunities for youth. More specifically, Southwest CDC hosted a summer program at Patterson Elementary School. My job, along with two other interns who were from the University of Pennsylvania's Dental and Nursing programs, was to create a curriculum that would teach the children from grades K-6 about the human body, taking a 'head to toe' approach. We developed short health education programs and taught various health topics that fall under cardiovascular, respiratory, digestive and immune health. We also incorporated pertinent discussion about more common conditions within their community such as asthma, diabetes, and issues such as nutrition and reducing exposure to second-hand smoke. When working with children, it is important to recognize how much potential is sitting in each seat before you. Our job was to learn from them how we could best assist them in gaining usable and meaningful knowledge that would promote the improvement and maintenance of their own health and those who surround them.

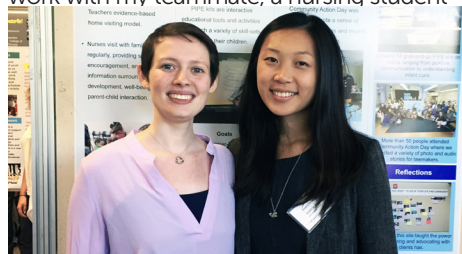
Although my team and I have different perspectives about our approach to health given our various training backgrounds, we had a common theme and goal. We all understood that in order for individuals to have the best chance of living a quality life, one of the most important tools we can employ is to teach the younger generation

how to protect and advocate for their own health. With a foundational knowledge about their own bodies, they will have an opportunity to build more knowledge about leading healthy lives (including exercise and nutrition) and how to help prevent chronic conditions such as hypertension and diabetes and poor health behaviors such as smoking, ultimately increasing the health literacy of our group moving forward. It is my hope that I was able to pass on as much valuable information as they gave me. I was able to put into practice important listening skills as well as learning how to tailor health information for various audiences from the very young kindergartners to the older adolescent-aged individuals. It truly was a joy to work for the summer camp this past year and I am grateful for the opportunity that was offered to me through Jefferson and through Bridging the Gaps!

SYDNEY'S EXPERIENCE

This summer I was afforded the opportunity to work with Nurse Family Partnership (NFP) and Mabel Morris Family Home Visit Program, two nurse home-visiting programs based in the Fishtown neighborhood of Philadelphia. These programs use the Parents as Teachers evidence-based home visiting model. Nurse Family Partnership pairs nurses with low-income first time mothers. Mabel Morris Home Visit Program pairs nurses with low-income parents raising children under five. Nurses visit with families regularly, providing support, encouragement, and information surrounding development, well-being, and parent-child interaction.

My main task over the summer was to work with my teammate, a nursing student



Sydney Schuster (left) with Valerie Bai, Penn Nursing.

at University of Pennsylvania, on several projects. The project that I oversaw most was an event called "Community Action Day." Community Action Day was designed to gather the perspectives of the clients on policy and advocacy issues and give the clients a chance to learn how to organize and get involved around issues that they identified as important. We contacted clients who signed up to attend and administered



Kerona Sharpe (left) with Stephanie Chang, Penn Dental (center) & Katherine Mills, Penn Nursing (right)

a survey we developed to find out ahead of the event which issues were important to them. We also designed, implemented, and analyzed a photovoice project, where clients take their own photos of important health issues for display on the day of the event and to eventually present to lawmakers as health advocates. For the event, we collected and presented resources designed to assist clients in getting involved in their communities and influence change.

NFP and Mabel Morris Family Home Visit Program showed me that evidence-based programs intent on constantly evaluating outcomes do exist. I saw how programs like these can work to continually build a strong, patient-centered team of providers who are invested getting the job done and being effective. This experience gave me the opportunity to work with a population I didn't usually study or interact with. I was able to use skills I developed in the MPH program to help a community advocate for itself. Because of this experience, I feel confident in my abilities and resolute to go forward and do more of this work in the future. Anyone passionate about working in Public Health could benefit from going through this program, and anyone who wants to learn more about Public Health will gain a greater understanding of why it's important through the program's different facets from the weekly workshops to working with interdisciplinary teams, and with various populations first-hand.

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ONE PERSON CAN MAKE A DIFFERENCE

Join us December 7, 2016 from 5:30 pm – 7:00 pm for an information session on our MPH and Public Health certificate programs. This is great opportunity to explore our programs, meet faculty and network. Registration: <http://explore.jefferson.edu/mpabwe/register/inquiryform>

Rolling the Dice on the Social Determinants of Health

Becky, a white female born into a low-income family, had a difficult childhood marked with poor nutrition and little physical activity. Not graduating from high school and having two children at a young age sealed Becky's fate into a difficult adulthood. Ultimately, she died at a relatively young age, overcome with mental health issues that no doubt stemmed from her early life events.

Jane was a black girl born to a family of lower middle socioeconomic status. In her childhood, her mother lost her job and she was the victim of racial bias, but she endured. Unable to afford college, Jane was thrilled to receive a scholarship and entered the workforce as a trained professional, moving up in her socioeconomic status and overcoming childhood adversity. However, at age 50, Jane was diagnosed with invasive kidney cancer and died shortly thereafter.

Inigo Montoya was born to parents who emigrated from El Salvador yet raised him in a middle-class household in a safe neighborhood. Inigo graduated from college and had a stable adulthood, eating well and staying active. Despite suffering a heart attack while shoveling snow, he recovered and continued working into his old age. He had an excellent pension, took vacations, golfed and loved to travel. A proud grandparent, he finished out his days in a retirement home with his wife.

While these descriptions might sound like characters in an upcoming movie, they are the fictional lives experienced by our MPH students in Social and Behavioral Foundations of Health (PBH 502) as part of an exercise to understand the far-reaching impact of the social determinants of health. Students formed pairs to compete in The Last Straw, a board game created at the University of Toronto to promote discussion about the social determinants of health, help students build empathy with marginalized people, and encourage learning in a fun and supportive environment. Some may question playing board games in class, but it's a fantastic teaching tool to supplement our in-class discussions. We all have fun while learning together.

At the beginning of the game, each player developed a character profile that included gender, socio-economic status and race. The character moved through various life stages, from childhood to adolescence to adulthood and finally to old age, experiencing common life events that were either helped or hindered by their social status. Characters with higher social status at birth often lived in safer neighborhoods, attended schools with better resources, completed college, and got a safe and fulfilling job, as compared to their counterparts with lower socioeconomic status. The higher social status characters often easily made it into old age, dodging health issues like diabetes and strokes that



Dr. Leader with students participating in the Last Straw game.

claimed the lives of their fellow characters.

MPH student Valencia Sarkisian described her experience: "You never think you can learn so much from a board game, but it did an amazing job at showing us exactly how social determinants affect the entire course of a person's life and, moreover, their health. Seeing how community problems such as subsidized housing plans or not having access to public transportation affected our character, who was born into a low socioeconomic status, really put theory into practice."

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Creativity, Technology and Public Health: MPH Students Reflect on Nexus Maximus 2016 at Philadelphia University

As part of our collaboration with Philadelphia University, the JCPH MPH program was invited to participate in Nexus Maximus 2016, Philadelphia University's annual student challenge to create innovative ideas via student Interprofessional teams. This was the first time students at Thomas Jefferson

University (TJU) were invited to participate in this weekend long initiative. This year's theme was **Personal Health – Innovation, Data, and Empowerment**. Students were broken up into 6 legions with 10 teams per legion of 4-6 students per team who received workshops and support in their brainstorming and developing a

sustainable product/service to improve individual health in a range of settings including the healthcare environment. I was pleased to be able to participate as a faculty member in the NOVO legion in the event. One of the aspects of the event that is unique is the diversity of participants – there were students

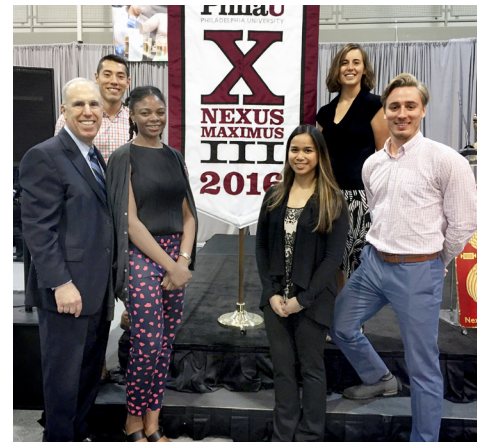
from majors ranging from health to architecture to engineering to business and beyond.

We are very proud of the five MPH students who agreed to spend an extended weekend with new colleagues and friends to develop creative ideas to improve the health of individuals and communities. “We were so impressed with the initiative of the TJU students. They jumped right into Nexus Maximus on short notice and immediately began contributing to their team. This kind of enthusiasm and bias toward action is what Philadelphia University and TJU students, and faculty have in common and is a big

part of our successful partnership” states D.R. Widder, Vice President of Innovation and the Steve Blank Innovation Chair at Philadelphia University.

We expect Jefferson students from the College of Population Health and other colleges will be active participants in this creative learning experience in the years to come. Below are the students’ reflections from the experience.

Rob Simmons, Dr.PH, MPH, MCHES, CPH
MPH Program Director
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Left to right: Philadelphia University President, Dr. Spinelli, Steve Orellana; Cordelia Elaiho; Roxanne Erolin; Karly Lane; and James “Wes” Heinle.

Student Experiences at Nexus Maximus

When I heard about Nexus Maximus, I was immediately intrigued by the challenge of the event: improving personal health through innovation, data, and empowerment.

As a student of public health with a background in the basic sciences, I desire to find out more about how our society can benefit from creative ways to solve problems related to our health. This competition struck me as a unique opportunity to broaden my knowledge base through joining a team of students with the purpose of finding a solution to a health problem.

My team was comprised of students with expertise in textiles, engineering, and software design. We immediately began to discuss some common health issues, including the emotional burden of illness, waste of supplies, and infection. Ultimately, we pursued a project which developed a technological solution to reduce hospital acquired infections by increasing compliance of hospital policies on hand washing.

We generated a system of a communicating named **TX Smart Hygiene**, a wall-mounted scanner plus wearable device which would hold healthcare workers accountable to hand washing when entering and exiting hospital patient rooms. This system would be able to collect data on the hygiene habits of healthcare workers and empower patients to know that their care will be at the hands of an adequately sanitized provider. In addition, this source of data would allow hospitals to be able to track the movement of pathogens through a

more detailed record of the movement of healthcare workers within the hospital.

This event was an inventive way to collaborate with students of various backgrounds; our design was a success due to each of our inputs and areas of expertise. And on behalf of our team, we were proud to receive most innovative project award and competition runner-up.
–J. Wes Heinle

Nexus Maximus 2016 is an event I will always remember. My initial interest in attending this event, although with minimal forehand information, was to see what being in an innovative environment would mean. I never heard of Philadelphia University and was pleasantly surprised by the campus and the work of the students. Nexus Maximus was a packed 3 days of meeting new people, finding cohesion and developing a presentable product. My group consisted of students from multiple disciplines: a Master’s Interior Architect, a Junior Fashion Merchandiser, a Junior Industrial Designer, a Freshman Animator, a Master of Occupational Therapy student and myself, a Master in Public Health candidate. The goal of Nexus Maximus this year was to develop innovative technology to solve a health problem. My group tackled sleep deprivation, which is hard when the mindset of most Americans is to skimp on sleep in order to work.

Most people do not envision design merging with health, but it was the basis of our weekend. I have many interests and often we are put in boxes and told to pick one or the other track. Nexus Maximus

showed me there is space for bridging my interests and there is a great possibility of collaborating and producing great, effective, and wide reaching work.

–Cordelia Elaiho

During my first week of class at Jefferson College of Population Health (JCPH) - Master of Public Health Program, I was offered the opportunity to work on a cutting-edge, multi-sectorial project involving the creation of a new health-centered technology. This project was hosted by Philadelphia University, and comprised of multiple teams made up of students from Thomas Jefferson University, KEA in Copenhagen, Pace University, and a university from Finland. My experience with this project was very fulfilling, and I grew tremendously from the opportunity to collaborate with students from various backgrounds, majors, and perspectives.

For my ‘sprint project’ we designed a mobile application called **UberGivesBack**, aimed at addressing the need for disabled populations who require transportation to medical facilities. The goal was to incorporate the three themes of Nexus Maximus (Innovation, Data, and Empowerment) and I believe my group outlined a creative way to improve the personal health of disabled patients by improving access to healthcare while decreasing the burden of costs.

Most breakthroughs come from working with others and collaborating to come up with fresh and innovative ideas. Nexus Maximus was no exception to this and over the

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weekend I attended workshops that helped explain data sharing, building design, and new ways to connect technology with personal health. All of this makes me optimistic about where we are headed in the future and how we approach health problems. In short, this was a rewarding experience that I hope many take advantage of next year!

—Steve Orellana

Nexus Maximus exceeded my expectations. I decided to participate to get out of my comfort zone to look at health solutions from a design perspective. During the program, we were required to attend workshops that discussed a variety of topics that gave background information on health issues and ways to design solutions to those problems. A few of the workshops I attended were architecture-focused and looked at how the design of a space such as a hospital lobby can affect a patient's experience.

My team comprised of three architecture majors, one industrial design major, and myself. Their primary approach to solving a problem usually involves creating a tangible product, a mode of thinking that was completely new to me. Our team looked at ways in which we can reduce frequent visits to the emergency room and narrowed our focus further by looking at a particular disease that can attribute to frequent visits to the ER. We designed a kiosk that would

be conveniently located in local pharmacy stores to check blood glucose levels to bring awareness to proper management of diabetes. Overall, Nexus Maximus provided me with valuable experience in approaching health issues in innovative ways.

—Roxanne Erolin

I could not have imagined a better way to begin my experience at Thomas Jefferson University than with the Nexus Maximus 2016 event. We (fellow students, faculty, innovators, etc.) were thrown together in an enriching environment promoting rapid innovative thinking.

My team consisted of students with backgrounds in business, design, pre-medicine, occupational health, and myself, with a background in physiology and public health. With the amount of diversity in our backgrounds, we took advantage of the massive amount of strength accumulated in our team to develop a device and concept geared towards preserving the autonomy of individuals at a life stage where public transportation and operating motor vehicles are no longer advisable.

Ensuring simple design and concept, we structured a program where the individual can order a vehicle using a handheld device with our unique design. An emergency trained driver then picks up the client and transports him/her to their specified

destination. The design concept is similar to Uber/Lyft with two key differences: (1) our handheld device concept and (2) the health-trained drivers. The concept has the potential to be scaled in numerous different directions with the ultimate benefit being the empowerment of persons who are currently restricted in their movements. The current alternatives to our project are either unused by this population (e.g. Uber/Lyft) or expensive (e.g. Paratransit), and typically do not have our safety feature. The final product was a result from collaboration between the team itself, knowledge from excellent workshops, and input from experienced innovators, whose feedback was crucial to our success.

Interdisciplinary collaboration was one of the main themes for the Nexus Maximus event, which previously I had not experienced to the extent of this program. Because of the background of the team, we each had a different perspective and used that perspective to formulate and better our solution to this health issue. Every person in our group was essential to the development of our end-product and contributed ideas, suggestions, as well as to the final presentation of our project. The interdisciplinary nature of the weekend gave great insight to the nature of "the real world" industry and assisted in the development of skills to be utilized in future workplaces.

—Karla Geiss

Creating a Culture of Employee Health at Jefferson Through Partnership with HealthNEXT

It's no secret that people immersed in a culture of health and wellness "pursue and achieve higher levels of health and wellness than the general population does."¹ Jefferson is committed to ensuring that every employee has the opportunity to make choices that lead to healthy lifestyles. To that end, Jefferson has partnered with HealthNEXT^{*} to provide recommendations on additional initiatives to help employees improve their wellbeing.

This is the second year of the partnership with HealthNEXT, with the goal of helping Jefferson to implement and nurture a lasting culture of health. This shift, away from simply managing health care costs to actively working to improve the health of employees, is becoming more mainstream

as the health care industry focuses more on population health management.

HealthNEXT will work with us to identify programs that help employees and their families lead healthy, happy lives. These programs may involve providing better access to care, supporting their efforts to break tough habits like smoking or making healthier food and lifestyle choices every day.

The process starts by benchmarking how we work to improve employee wellbeing as compared to similar organizations that are seeing improvements in through their wellness-centric cultures and environments. Using evidence-based clinical and behavioral programs, HealthNEXT is working with us to develop a roadmap specifically tailored to fill any gaps noted during their analysis of our

results. The HealthNEXT team also provides guidance regarding how to implement the programs and set measurable goals so that we can stay on track and monitor success. A fundamental part of the Jefferson-HealthNEXT partnership includes high-touch and high-continuity cross-functional teams.

"In a health care environment, employees focus on taking care of their patients, and they don't always prioritize their own health. HealthNEXT emphasizes that those employees need to be in an environment where they are empowered to take care of themselves, too," says Erin Rizzotte, Wellness Coordinator at Jefferson.

HealthNEXT analyzes organizations' wellness cultures and assigns an initial score, which serves as the baseline for their future-

facing recommendations, which are ideally implemented over the course of three years. To achieve a true “culture of health,” an organization must score 700 or more points.

Joann Piechowski, Senior Director of Benefits at Jefferson notes, “HealthNEXT really looks at whether employees are getting the message, and if Jefferson is measuring the results of wellness initiatives. Wellness isn’t a one-off activity, it should be all around us and present in every aspect of our environment.”

Jefferson’s collaboration with HealthNEXT began with an assessment of Jefferson’s commitment to wellness through a thorough review of our work and learning environments, benefits design and wellness program communications. After touring various facilities and work environments to look at what is available in the vending machines, hospital cafeterias, break rooms, and signage across Jefferson’s campus, HealthNEXT representatives spoke with Jefferson’s senior executives and CEO, Stephen K. Klasko. HealthNEXT used the information gleaned through these activities to inform their organizational analysis and arrive at a score.

Jefferson received an initial score of 364, which is the second-highest starting score

of any HealthNEXT client to date. “We were very pleased to see our commitment to health and wellness as an organization reflected in the score,” notes Piechowski. “We still have work to do to achieve a complete ‘culture of health,’ but an initial score that is more than halfway to 700 points is a great place to start.”

HealthNEXT advised Jefferson to align corporate, departmental and local wellness efforts to create an easily recognizable and immersive culture of health. Based on these recommendations, we are working with the facilities team to implement a stairwell initiative to encourage employees to use the stairs instead of elevators where possible. HealthNEXT also encouraged Jefferson to implement a case management program to help employees with chronic conditions, which may roll out as early as next year. They also advised Jefferson to investigate the possibility of opening an employee clinic, and recommended we work to enhance the organization’s data warehouse and data analytic capabilities.

A study published by HealthNEXT in 2013 notes that employee population health can be linked to a company’s performance.² As noted in its press release, “This research delivers a much-needed

dose of quantitative proof to support the notion that a healthy workforce is a competitive advantage in the marketplace,” said Raymond Fabius, MD, the lead author of the study and vice chairman of HealthNEXT.³ “At a time when many corporations are looking for ways to cut healthcare expenses, in some cases even dropping coverage for their employees, our results suggest that real path to savings is not dropping health benefits, but rather improving them. Quite simply, we’ve proven that a corporate focus on health and safety is good business.”³

Jefferson eagerly awaits the results of its annual evaluation from HealthNEXT, which will determine the organization’s progress on implementing the initial recommendations and other wellness-focused programs. Results and updated recommendations are expected in late 2016.

*HealthNEXT was acquired by digital health company HealthRight in July 2016.

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UPCOMING JCPH FORUMS

November 9, 2016

CPR Ready: Educating and Empowering to Improve Sudden Cardiac Arrest Survival in Philadelphia

Erik D. Muther

*Executive Director
Pennsylvania Healthcare Quality Alliance*

Bluemle Life Sciences Building – Room 105

December 14, 2016

Positioning Physician Practices to Deliver High-Value Care

Scott A. Shipman, MD, MPH

Director of Primary Care Affairs and Workforce Analysis

Bluemle Life Sciences Building – Room 105

Forums take place from 8:30 am – 9:30 am and are free of charge. Forums are designed for Jefferson students, faculty, and staff; health care professionals, administrators, public policy analysts, advocates, and community health leaders.

For more information call: 215-955-6969 or visit: Jefferson.edu/PopHealthForum. For directions and parking visit: Jefferson.edu

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The Prominent Role of the Nurse in Healthcare Legislation and Advocacy

The American Association of Colleges of Nursing (AACN) is one of the national voices for baccalaureate and graduate nursing education, representing more than 790 member schools of nursing at public and private universities nationwide. AACN works to establish quality standards for nursing education; assists schools in implementing those standards; influences the nursing profession to improve health care; and promotes public support for professional nursing education, research, and practice.¹ In government relations and other advocacy efforts, AACN works to advance public policy on nursing education, research, and practice. AACN is a leader in securing sustained federal support for nursing education and research; shaping legislative and regulatory policy affecting nursing schools; and ensuring continuing financial assistance for nursing students.¹

Since 2010, AACN has offered a Student Policy Summit in Washington, DC for nursing students enrolled at its member institutions. Students who attend the Summit are immersed in didactic program sessions focused on the federal policy process and nursing's role in professional advocacy. This is a great opportunity for students to see our elected policymakers at work and hear national healthcare leaders discuss policy development and future trends in healthcare, while networking with their peers. Students also visit Capitol Hill with AACN member deans and directors to discuss priorities that contribute to the national healthcare dialogue.

I represented Thomas Jefferson University, Jefferson College of Nursing at the AACN 2016 Student Policy Summit. The Summit enhanced my understanding of the political process and how nursing advocacy can bring about change in the larger health care system. The future of nursing profoundly depends on developing nurses that learn the skills to be effective advocates who influence and inspire other leaders to come together in new ways of thinking and practice.

Among the Summit highlights was the keynote address by Deputy Surgeon General Rear Admiral Sylvia Trent-Adams, PhD, RN, FAAN, who examined the critical role of nurses in healthcare transformations. While nurses continue to influence clinical care at the bedside, Dr. Trent-Adams emphasized the importance of developing policies and creating innovative strategies to improve the health of our nation. She also reaffirmed the need to attract and retain nurse leaders to advance the profession by elevating the voice of nursing, and ultimately securing a 'seat in the board room' where strategic healthcare decisions are made. Otherwise, the profession becomes vulnerable to policy made without regard for the needs of nursing and nursing practice.

The three-day Summit included multiple sessions on the skills necessary for effective professional advocacy and how our roles as advocates will raise awareness among legislatures on Capitol Hill and the general public. Nurse leaders and researchers petitioned all the nurses in the room to explore research opportunities and consider how participating in research initiatives can directly impact health policy and care delivery systems.

Guided instructions regarding the Capitol Hill visit prepared us for constructive dialogue when visiting with healthcare legislative assistants from Congressman Robert Brady (PA1) of the 1st District; Congressman Brendan Boyle (PA13); of the 13th district and Senators Robert Casey Jr. (D) and Patrick Toomey (R).

The purpose of each of the visits was to lobby support for:

1. Title VIII Nursing Workforce Development Program, which requests \$244 million in federal funding towards advancing education, training, recruitment, and retention of the nursing workforce², and addressing the faculty nurse shortage. Most recently the legislation passed with overwhelming bipartisan support and is now ready for full Senate consideration.



Carol Ann Gioia visited Representative Brady's office as part of the policy summit.

2. National Institute of Nursing Research (NINR) Program, which requests continued funding for \$157 million to support NINR's work on health promotion/wellness, disease prevention, chronic illness symptoms management, and improving the quality of life.³ Improving Veterans Access to Quality Healthcare Act (H.R. 1247 & S. 2279) request full endorsement of Act (H.R. 1247 & S. 2279) full practice privileges for APRNs to ensure safe, access to care for our nation's Veterans. The bill was introduced to the House of Representatives in March of 2015 and has been referred several subcommittees for consideration.

The AACN views advocacy as being integral to the ability to shape, advance, and promote a professional nursing workforce to meet the health care needs of Americans. Advocacy can be traced back to the "Lady with the Lamp", Florence Nightingale, whose life's mission involved advocating for the rights of patients, particularly the poor, and fighting to reform laws. The opportunity to collaborate with elected officials toward advancing the practice of nursing and affecting policy that better enables us to provide the quality care patients deserve was a deeply enriching experience. It is a privilege to be a nursing professional committed to this rich tradition of advocacy.

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POPULATION HEALTH FORUMS

Improving Health Outcomes in Under-served Communities

MaryLynn Ostrowski, PhD

Executive Director, Aetna Foundation
September 14, 2016

A new season of Population Health Forums was kicked off by MaryLynn Ostrowski, PhD, Executive Director of the Aetna Foundation, an organization dedicated to improving health in local communities and large populations. Dr. Ostrowski is responsible for the daily operations of the regional, national, and international programs.

Dr. Ostrowski began the presentation by pointing out the opportunities for improving health and emphasized the endless potential in our communities. "Good health happens outside of the doctor's office," explains Ostrowski. Factors such as physical activity can reduce risks for chronic illnesses. Other factors leading to opportunities include: where you live can have a direct impact on your health; cities have the power to become health hubs for a growing population; and walkability matters. Dr. Ostrowski discussed the tendency to place all onus on the individual, yet she explained, "how do we make an individual accountable without access?"

The Aetna Foundation is very interested in looking at best practices and changing the social determinants of health. Through national and local grants, the Aetna Foundation is focused on the following goals and approaches: building healthy cities, and rewarding and recognizing best practices; creating healthy communities; and thought leadership for policy impact.

Dr. Ostrowski went on to describe some of the impact areas making a difference. For example, in an effort to address community safety, East Stroudsburg, PA implemented a program aimed at tackling mental health in penal system reform; and York, PA initiated a program to help identify lead exposure, in response to addressing environmental exposures. Ostrowski also identified national early adopter innovator cities/counties:

- Tulsa City, Oklahoma - The health department is engaging community partners to help address food desert issues.
- San Diego County, California - Live Well San Diego focuses on urban agriculture, bike ability, improving community aesthetics

through artwork, and increasing community capacity for leadership and civic engagement.

- Kansas City, Missouri - Through the Kansas City Health Department, Aim4Peace is working to reduce the epidemic of crime by providing at-risk Kansas City residents with health resources, job readiness assistance, conflict resolution and family counseling.

Aetna's Cultivating Healthy Communities program involves a response and strategy for addressing and recognizing: healthy behaviors, built environment, environmental exposures, community safety and social and economic factors. These are the domains that drive the work of the Foundation.

Dr. Ostrowski emphasized the importance of having a significant consumer engagement strategy; developing local partnerships, involving different sectors and those with different roles; and that infrastructure extends and saves lives.

To view slides and listen to audio recordings of Population Health Forums visit: JDC.Jefferson.edu/hpforum/

IN THE NEWS



Novartis Fellowship Meeting. From left to right: Novartis Fellowship meeting. Photo left to right: Associate Director of JCPH's AHEOR program, David Delgado PhD; Lauren Djackhe, PharmD (2016-2018); Slaven Sikirica, MSc (2012-2014); Ashok Vegesna, PharmD, RPh (2014-2016); Stefan Varga, PharmD (2015-2017); and Director, AHEOR Fellowships, Vittorio Maio, PharmD, MS, MSPH.



Janssen Fellowship Meeting. Left to right: Dr. Maio, with Jacquelyn McRae, PharmD (2015-2017); David Singer, PharmD (2016-2018), and Tony Amos, PharmD, MS (2013-2015).



Dr. Maio with his colleagues in Italy. Top row left to right: Marco Lombardi, Mario De Blasi, Vittorio Maio, Sebastian Grazioso, Cristina Cimicchi, Giovanni Gelmini, Stefano Del Canale, Paolo Rodelli. Seated left to right: Fausta Cipani, Clelia Chinni, Giovanna Negri, Giuseppina Paulillo.



Congratulations to April Smith for 25 years of service!



Bettina Berman is recognized for 10 years of service.



Melissa Horowitz is recognized for 10 years of service



Empathy=Action panel discussion, DesignPhilly



Dr. Simmons at Empathy=Action, DesignPhilly event

CAROLINE GOLAB'S RETIREMENT PARTY



Photos by Roger Barone

JCPH PUBLICATIONS

Besa C, Lewis S, Pandharipande PV, Chhatwal J, Kamath A, Cooper N, Knight-Greenfield A, Babb JS, Boffetta P, **Padron N**, Sirlin CB, Taouli B. Hepatocellular carcinoma detection: diagnostic performance of a simulated abbreviated MRI protocol combining diffusion-weighted and T1-weighted imaging at the delayed phase post gadoteric acid. *Abdom Radiol*. DOI: 10.1007/s00261-016-0841-5. Published online July 23, 2016.

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Meeting: *Popul Health Manage*. 2016; Suppl 2:S1-S12. doi: 10.1089/pop.2016.0114.

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pain among a sample of college students. *Substance Use & Misuse*. 2016; 1-8. <http://dx.doi.org/10.1080/10826084.2016.1222619>. Published online September 28, 2016.

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Nash DB. Having hard conversations. *MedPage Today*. September 10, 2016.

JCPH PRESENTATIONS

Djatche L, Lombardi M, **Singer M**, Keith S, Hegarty S, **Maio V**. Evaluation of the medical home model on the quality of care in Parma Local Health Authority, Emilia-Romagna, Italy. Presented at: American Managed Care Pharmacy Nexus 2016, October 3-6, National Harbor, MD.

McIntire RK, Keith SW, **Leader A**, Glanz K, Ziegler-Johnson C. Where to intervene? Methods for selecting neighborhoods for prostate cancer intervention in Philadelphia. Presented at: Geospatial Approaches to

Cancer Control and Population Health Sciences, National Cancer Institute, September 12-14, Bethesda, MD.

Padron N. Breaking the digital divide—the last mile of the of health care delivery. Poster presented at: Challenging and Opportunities of Telehealth to Reduce Disparities in Access and Quality for Older Adults, September 14-16, 2016, San Antonio, TX.

Payton C, **McIntire RK**, **Leader A**. Social capital predicts overweight and obesity

among children in Southeastern Pennsylvania. Poster presented at: 2016 CityMatCH Leadership and MCH Epidemiology Conference, September 14-16, Philadelphia, PA.

Singer D, Lombardi M, **Djatche L**, Hegarty S, Latini C, Dodi L, **Maio V**. How confident are primary care physicians in deprescribing for the elderly and what barriers prevent deprescribing? Presented at: American Managed Care Pharmacy Nexus 2016, October 3-16, 2016, National Harbor, MD.

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