



MHCU Policy Learning Lab

Policy Learning Lab Overview and Lessons Learned



Moving Healthcare Upstream (MHCU) is a collaborative effort co-led by the Nemours Children’s Health System and the University of California, Los Angeles (UCLA) Center for Healthier Children, Families & Communities. MHCU was launched in 2014, with generous support from the Kresge Foundation.

Moving Health Care Upstream (MHCU) creates, tests, and disseminates strategies for producing large-scale, sustainable population health improvements. The focus is on helping health care providers to collaborate with other community-based organizations to help children, patients, and families access new resources to address upstream drivers of health. While the lens is children and families, the work applies generally to communities, and learnings are available to the field at large at movinghealthcareupstream.org



movinghealthcareupstream.org



healthychild.ucla.edu



nemours.org

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Introduction

For more information, please also see the documents bulleted below, which are available at: movinghealthcareupstream.org

- Policy Learning Lab Social Media Best Practices;
- Policy Learning Lab Compendium of Research & Technical Assistance Memos; and
- Policy Learning Lab Resource Directory.

Moving Health Care Upstream (MHCU) is based on the belief that health systems can address persistent and costly health inequities by moving “upstream”—beyond the walls of hospitals and clinics and into the communities, collaborating with community-based organizations to address the root causes of disease. The various areas of work within MHCU share a common focus—supporting hospitals and community stakeholders in testing and spreading strategies to move upstream, and sharing “what works” to inform the field and accelerate the upstream movement in the field as a whole. Policy Learning Labs are one example of MHCU’s work to spread knowledge and accelerate action in the field.

Nemours Children’s Health System (Nemours) piloted the Policy Learning Labs under the auspices of MHCU in 2017. They were created to address inter-related challenges in the field:

- 1) **Sustainability, Spread, Scale:** For sustainability, program work must be combined with policy development. Without this connection, even the strongest programs are at risk of becoming one offs and of disappearing with shifts in funding or staffing. Policy can institutionalize good ideas, yet MHCU and others doing similar work have observed that many organizations and communities have not yet developed policies to institutionalize and grow their programs addressing upstream causes of disease and disparities.
- 2) **Capacity:** Local public policy and institutional policy is often developed by groups and coalitions whose members are unpaid volunteers or by those taking on the work on top of their formal accountabilities at work. This has implications for the capacity of those involved.
 - a. **Knowledge & Skill:** Often, clinicians and other practitioners who develop and implement programs are not “policy people,” and don’t have a high level of knowledge or skills related to developing local public policy and/or institutional policy.
 - b. **Dedicated Time:** Despite the potential effectiveness of learning collaboratives, MHCU staff have repeatedly heard that allocating dedicated time for participation is a challenge. Dedicating time to conduct targeted policy research and scans is also challenge for groups and coalitions.

The Policy Learning Lab pilot converted these challenges into opportunities by using a short-term (4 month) process to increase knowledge and skills of members and to provide teams with targeted policy tools (such as research and scans). These skills and tools are intended to accelerate the development of evidence-informed local public policy strategies and/or institutional policy strategies to target upstream causes of disease and disparities.

Topics for Policy Learning Labs (root causes of asthma and food insecurity) were chosen based on the input of health systems already associated with MHCU and were intended to fill a white space in the field. Our 2017 pilot involved seventeen teams: five in the Policy Learning Lab focused on root causes of asthma and twelve in the Policy Learning Lab focused on food insecurity (broken into two groups with six teams per group). Each team consisted of a health care organization plus an entity from at least one other sector. A list of teams in each Lab is included in *Policy Learning Lab Overview and Lessons Learned* and also in the *Policy Learning Lab Compendium of Research & Technical Assistance Memos*. Please visit movinghealthcareupstream.org to access these documents.

Nemours contracted with [ChangeLab Solutions](#) as our lead partner in this pilot based on their subject matter expertise on our chosen topics as well as their expertise in providing technical assistance on the development of local public policy and institutional policy. The expertise of ChangeLab Solutions was supplemented by additional subject matter experts who were involved on an as-needed basis, based on the needs of teams. Subject matter experts for the teams focused on root causes of asthma included [Green & Healthy Homes Initiative](#) and [Nemours Health & Prevention Services](#). Experts for teams focused on food insecurity included [Feed1st at the University of Chicago's Lindau Lab](#), [Root Cause Coalition](#) and [Prevention Institute](#).

To learn more about Moving Health Care Upstream, please visit movinghealthcareupstream.org and follow us on Twitter [@MHCUupstream](#).

For questions, please email MHCU@nemours.org.

Vision for Technical Assistance Model

Policy Learning Labs were envisioned as a model for accelerating the uptake of upstream local public policies and/or upstream institutional policies, with a focus on health care organizations and their partners from other sectors in the community.

They were designed, in part, to meet a gap in the field that was being reported to Nemours staff representing MHCU as well as Nemours staff doing other national technical assistance and training work: the need for a “happy medium” between long-term learning collaboratives (which can be a valuable forum for applied learning but require considerable staff time) and webinars (which require little staff time but typically do not include opportunities for applied learning). Thus, Policy Learning Labs were designed to be fairly short term (4 months) while still including opportunities for coaching and applied learning.

Focus

Recognizing that the policy development and implementation is typically a long-term process, the intent was not to stay with teams for the duration, but rather, on supporting teams in getting beyond obstacles slowing their progress in the here and now and giving them resources for the remainder of the journey. Nemours operationalized this for teams by asking them to fill in the blanks in these sentences: “*Our finish line is _____, and the hurdles in the here and now are _____.* Having _____ *would really help us get over the next hurdle.*” Teams were asked to submit specific requests for technical assistance, policy research and/or resource connections. (Requests could not be for funding or staffing.) Examples of requests include:

- Sample organizational procurement policies for private employers that promotes local purchasing of healthy food
- Models and case studies for use of code enforcement to promote health
- Sample messaging and data points used to sway key players toward desired policy strategies

[CLICK HERE](#) for a table summarizing the requests of teams, organized by state/city and by topic.

Promotion

Nemours used several approaches for spreading the word about the opportunity to apply to participate in a Policy Learning Lab. The primary methods were MHCU's e-newsletter; MHCU's Twitter; personal emails to individuals who were already part of a project within MHCU; and personal emails to partners whose networks were likely to be interested, asking partners to share information on Nemours' behalf as appropriate. In addition, in July 2017, MHCU & ChangeLab Solutions co-presented a two-part webinar series about realistic, innovative local and institutional policy strategies that hospitals can use to address the root causes of asthma and food insecurity (i.e. the two topics for the upcoming Policy Learning Labs). Each webinar included brief information about Policy Learning Labs, presenting them as an opportunity to apply concepts from the webinars to their own work with coaching from a team of national subject matter and policy experts.

When asked at the end of the Policy Learning Lab experience how they became aware of the opportunity to apply for Policy Learning Lab participation, responses fell into four categories: received information through an email or listserv (33%), received personal notification due to existing connection to MHCU (25%), became aware of the opportunity due to webinar participation (25%), and unsure or can't recall (17%).

Team Selection

Nemours' intent was to accept six teams into each of two Policy Learning Labs: Root Causes of Asthma and Food Insecurity. After receiving 8 applications for the Lab focused on root causes of asthma and 26 applications for the Lab focused on food insecurity, Nemours modified the plan to accommodate a larger number of teams meeting the selection criteria. In the end, 12 teams were accepted into the Lab focused on food insecurity, broken into 2 groups with 6 teams in each group, and 6 teams into the Lab focused on root causes of asthma. Please see Appendix A for the Policy Learning Lab member directory.

Selection criteria for teams included:

- All teams were required to include a health care organization plus an entity from at least one other sector. Preference was given to teams that include a hospital, health system or community health center as the health care partner.
- Teams needed to be targeting local public policy and/or institutional policy (state and federal policy were outside of the scope of this project).
- Teams should have already completed preliminary planning and needs assessments, and have a focus for their intended policy development efforts.
- Teams needed to have the capacity for steady attendance and active participation in Policy Learning Lab calls.

Implementation

Work with teams involved three virtual meetings, once per month (August, September, October) with action periods between each and a close-out interview at the end of the process.

Virtual Meetings: In order to keep meeting manageable from a facilitation and participation standpoint, virtual meetings were held separately for each of the three Policy Learning Labs (one group of six teams working on root causes of asthma, and two groups of six teams working on food insecurity). Virtual meetings were facilitated by MHCU staff from Nemours and ChangeLab Solutions staff. Subject matter experts participated in virtual meetings as presenters and as coaches.

Topics for the training portion of virtual meetings were selected based on input from teams and included:

1. Policy Level Setting- What Do We Mean by Policy? How Can Policy Be Used to Sustain and Scale Programming?
2. “The How” of Policy Development
3. Using Data for Policy Change, and Framing Messages to Move Policy Makers and Potential Partners

In addition to training, each virtual meeting included time for sharing among teams, seeking guidance from other teams and project leadership¹, updates from MHCU staff, and identification of each team’s “best next steps” for the interim action period between virtual meetings.

Action Periods: Teams were required to have a technical assistance/coaching call with MHCU and ChangeLab Solutions during every action period. Subject matter experts joined calls as needed, specifically in instances where their expertise aligned with the needs of the team. In contrast to virtual meetings, which focused on updates, training and peer-to-peer exchange, team calls focused on the provision of technical assistance to move the team’s work forward. Each team received a formal memo summarizing:

- its area of work
- its request(s) for policy research,
- technical assistance and/or resource connections, and
- the resources provided to the team in response to its request(s).

Outside of required technical assistance/coaching calls with MHCU and ChangeLab Solutions, the work of teams during action periods was self-directed. During action periods teams had internal meetings, connected with other teams for peer-to-peer learning, met in small groups related to specific topics (e.g. screening for hunger in clinical settings and setting up food pantries and referral systems to meet needs identified via the screening process), and sought additional technical assistance/coaching from project leadership as needed.

¹ For the purpose of this paper, “project leadership” refers to Moving Health Care Upstream staff from Nemours, ChangeLab Solutions staff and subject matter experts.

Evaluation

At the close of the pilot, 12 of 17 teams were interviewed related to their experience in the Policy Learning Lab. Two questions solicited feedback related to impact and value:

- Do you feel that participating in this network has informed and accelerated your work in a more efficient manner than would have been possible if you'd been working independently on identifying appropriate policy strategies for your community and creating associated policy tools?; and
- Overall, what aspects of this initiative were of greatest value to your team?

All 12 respondents (100%) responded that participating in this network has informed and accelerated their policy development work beyond what would have been possible had their team been working on its own (i.e. not part of a Policy Learning Lab).

Feedback from participating teams is that the pilot was of value. Most are interested in being involved with the second cohort as an advisor and/or participant. Themes that emerged related to the value of participation were:

- Filled a gap in staff capacity (time and/or know-how);
- Catalyzed commitment and action;
- Created/cemented connections;
- Increased knowledge and skills; and
- Provided stature.

Collectively, interview responses from teams were helpful in informing modifications to the implementation model.

Modifications Based on Lessons Learned

Nemours and ChangeLab Solutions agree that the pilot was of value and that the model is worth further refinement via a second cohort of Policy Learning Lab teams. That being said, there are several areas where modifications will be made for the second iteration:

- Application Content – The application will include more detail on the following:
 - The purpose of the Policy Learning Lab initiative;
 - Expectations of teams and deliverables for which teams will be accountable;
 - The implementation model and timeline;
 - The types of policy research, technical assistance and connections that teams can request—including a link to a table summarizing research requests by Cohort One teams and a link to copies of memos provided to each Cohort One team, summarizing the focus of their policy work, the nature of their request for technical assistance, policy research and/or connections, and the resources provided; and
 - The Cohort Two project calendar and timeline, including deadlines for team deliverables.

As a supplement to the application, an informational webinar will be added to the recruiting and application process for Cohort Two, allowing Nemours to provide background on the project, review the application process and respond to questions.

- Application Responses – The application will ask teams to provide more detail on the following:
 - The history of the team’s collaboration, including a summary of prior work on local public policy and/or institutional policy;
 - The relationship between the policy work of the team and board-level priorities, goals or policies of health care organizations represented on the team. Given the goals of Moving Health Care Upstream, Nemours is interested in knowing if the health care organizations on teams are participating in response to priorities at the top of the organization, department interests, or individual interests. The intent is not to establish selection criteria or preferences related to this issue, however, the information will be gathered for informational purposes to inform the work with Policy Learning Lab teams as well as other work within MHCU; and
 - The team’s specific request(s) for technical assistance, policy research and/or connections to resources.
 - In Cohort One, teams identified their requests after the first virtual meeting, which reduced the amount of time available for coaching and real-world application. Having requests built into the application requires teams to create alignment on priorities prior to launch of the Lab, allows project leadership to recruit subject matter experts to meet the needs of teams prior to launch of the Lab, and allows project leadership to appropriately scope out the work plan for meeting team requests.
- Adjust the calendar and timeline for Cohort Two to allow time for teams to create an implementation plan informed by the policy research, technical assistance and resource connections provided by project leadership, and to get feedback and coaching on the plan. The creation of an implementation plan will be one of the key deliverables of teams.
- Ensure that teams have a deliverable for each meeting, in order to keep them engaged, accountable and moving forward. Increase use of techniques designed to hold teams accountable for progress and active participation- such as explicitly stating deliverables for teams in the meeting materials and calendar invitations for each Policy Learning Lab virtual meeting and each team call.
- Recognize that there is wide range of policy-related knowledge and experience among members of each team and supplement training provided during group meetings with a menu of additional opportunities for self-directed training on “Policy 101” (e.g. links to webinar recordings, presentations, etc.). This will allow team members with less experience in developing policy strategies to increase their knowledge and skill, and will allow project leadership to focus on intermediate level training during group calls (“Policy 201”).

Informing the Field

In addition to this Policy Learning Lab Overview and Lessons Learned, Nemours developed three additional documents for the field based on the Policy Learning Lab pilot:

Compendium of Technical Assistance Memos – Each team received a formal memo summarizing its area of work, the policy research and technical assistance requested by the team, and the resources provided. These memos have been consolidated into a compendium. The compendium has been designed to be user-friendly, with the information sorted and categorized by State and by area of focus, allowing readers to quickly identify content that aligns with their own work. In addition, the information provided in memos is expertly curated, directing teams to resources with real-world applicability.

Resource Directory – Throughout the pilot, Google Drive was used as a hub for resource sharing. Project leadership and members of teams posted links to resource documents and descriptions. The content is sorted into three categories: Asthma, Food Insecurity, and Both.

Social Media Best Practices Guide – This resource was created for Policy Learning Lab teams in response to the fact that many teams cited lack of know-how as a challenge as they considered how they might build support for their policy agendas. Specifically, teams indicated that they needed a primer with tips and tricks for social media use, as well as an overview of basic metrics to track the effectiveness of communications efforts.

Please visit movinghealthcareupstream.org for copies of these documents.

Policy Learning Lab Directory

The name in **BOLD** within each team is the team's primary contact.

Asthma Learning Lab

NAME & EMAIL	TITLE	COMPANY
WASHINGTON , DC		
Dr. Ankoor Shah anshah@childrensnational.org	Director of Policy and Advocacy, IMPACT DC	Children's National Health System
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Desiree de la Torre	Director of Community Affairs and Population Health	Child Health Advocacy Institute at Children's National Health System
Danielle Dooley	Medical Director Community Affairs and Population Health	Child Health Advocacy Institute at Children's National Health System
Kathy Zeisel	Senior Supervising Attorney	Children's Law Center
Julia DeAngelo	Program Manager of School Strategies	Children's National Health System
Chaya Merrill	Director Child Health Data Lab	Children's National Health System
Deborah Quint	Program Director IMPACT DC	Children's National Health System
Linnea Champ	Asthma Educator/Care Coordinator, IMPACT DC Asthma Clinic	Children's National Health System
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Wanda Back	Environmental Specialist 11	Florida Department of Health
Bruce Brown	Nemours Pulmonary Diagnostic Lab	Nemours Children's Health System
Yelitza Jimenez	OSTDS Supervisor	Florida Department of Health (Orange)
GRAND RAPIDS, MICHIGAN		
Paul Haan paul@healthyhomescoalition.org	Executive Director	Healthy Homes Coalition of West Michigan
Maureen Kirkwood	Executive Director	Health Net of West Michigan
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CHICAGO, ILLINOIS		
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Melissa Buenger	Policy Analyst	Chicago Department of Public Health
Kevin Chan	Social Innovation Specialist	Green & Healthy Homes Initiative
Mary Kate Daly	Executive Director	Lurie Children's Healthy Communities, Lurie Children's Hospital
Todd Fraley	Health Law and Policy Analyst	Respiratory Health Association
Jonathan Giuffrida	System Manager, Community Benefit	Presence Health
Amanda Gramigna	Sr Healthy Homes Specialist	Elevate Energy
Angela Grover	System Director of Advocacy	Presence Health
Joanell Henry-Tanner	Executive Director	Chicago Asthma Consortium
Stacy Ignoffo	Program Manager	Sinai Urban Health Institute
Julie Kuhn	Program Manager	Sinai Urban Health Institute
Julia Larkin	Director of Advocacy and Government Relations	Presence Health
Amy Lulich	Director, Health Policy and Strategy	University of Illinois Health
Nancy Mabbott	Advocate Children's Hospital	Director of Community and Health Relations
Helen Margellos-Anast	Director of Community Health Initiatives	Sinai Urban Health Institute
Kate McMahon	Director of Chronic Disease Prevention and Control	Chicago Department of Public Health
Cody McSellers-McCray	Regional Director of Community Health	Presence Health
Christopher Nolan	Manager, Community Benefit and Population Health	Rush University Medical Center
Amy O'Rourke	Director of Programs	Respiratory Health Association
Anne Posner	Director of Health Equity and Strategic Partnerships	Chicago Department of Public Health

Asthma Learning Lab *(cont'd)*

NAME & EMAIL	TITLE	COMPANY
WATSONVILLE, CALIFORNIA		
Henry Martin hmartin@splg.org	<i>Policy Director</i>	Salud Para La Gente
Maria T. Cadenas	<i>Executive Director</i>	Santa Cruz Community Ventures
Devon Francis, MD	<i>Director of Pediatrics</i>	Salud Para La Gente
Adriana Melgoza	<i>Clinic Manager</i>	Watsonville Law Center
Berenice Herrera-Lopez bherrera@splg.org	<i>Project Coordinator</i>	Salud Para La Gente
Erica Padilla-Chavez	<i>Chief Executive Officer</i>	Pajaro Valley Prevention and Student Assistance (PVPSA)

Food Insecurity Group #1

FULTON & DEKALB COUNTIES (ATLANTA AREA), GEORGIA		
Kathryn Lawler klawler1@gsu.edu	<i>Executive Director</i>	ARCHI
Coleman Tanner Ctanner18@gsu.edu	<i>Community Health Strategist</i>	ARCHI
Sara Berney	<i>Executive Director</i>	Wholesome Wave Georgia
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Katie Mooney	<i>Community Benefit Manager</i>	Grady Health Systems
Tammy Reasoner	<i>Director of Community Partnerships</i>	Project Open Hand
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ATLANTA, GEORGIA		
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Jennifer Puestow	<i>Manager, Wellness</i>	Children's Healthcare of Atlanta
Tamara Tanner	<i>Child Obesity Program Manager; Strong4Life Clinic</i>	Children's Healthcare of Atlanta
Stephanie Walsh	<i>Medical Director; Strong4Life</i>	Children's Healthcare of Atlanta
Marc Welsh	<i>Director, Wellness</i>	Children's Healthcare of Atlanta
DENVER METRO REGION, COLORADO		
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Moriah Bell	<i>Community Health Advocate</i>	Centura
Joy Belvin	<i>Community Health Advocate</i>	Centura
Monica Buhlig	<i>Group Director of Community Health</i>	Centura Health, St. Anthony Hospital
Becky DiOrio	<i>Chronic Disease Coordinator</i>	Colorado Department of Public Health and Environment
Lillian Garcia	<i>Wellness Coordinator</i>	Golden Neighborhood Health Center
Lisa Hofstra-Johnson	<i>Faith Community Nurse</i>	Centura
Ynke Jetske de Koe	<i>Community Clinical Linkages Coordinator</i>	Colorado Department of Public Health and Environment
Marion Kalb	<i>Food Systems Coordinator</i>	Jefferson County Public Health
Eric Shadle	<i>Group Director of Community Health, South Denver Operating Group</i>	Centura
Wendy Peters Moschetti		
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Emily Kelley	<i>Houston Program Manager</i>	Brighter Bites
Teresa Vazquez-Evans	<i>Office of Development and Grants</i>	City of Pasadena
Regi Young	<i>Director, Food for Change</i>	Houston Food Bank

Food Insecurity Group #1 (cont'd)

NAME & EMAIL	TITLE	COMPANY
TARRANT COUNTY, TEXAS		
Linda Fulmer LindaFulmer@sbcglobal.net	<i>Executive Director</i>	Healthy Tarrant County Collaboration
Amanda Applon		Office of Commissioner Roy Charles Brooks, Tarrant County, Precinct 1
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Pam Frable	<i>Associate Professor</i>	Harris College of Nursing, Texas Christian University
Kristen Jenkins	<i>President</i>	DFW Hospital Council Foundation
Roderick Miles	<i>Executive Administrator</i>	Programs and Outreach for Commissioner Roy Charles Brooks, Tarrant County, Precinct 1
Amy Nelson	<i>WIC Education Coordinator</i>	Tarrant County Public Health
Melissa Oden	<i>Adjunct Instructor, Health Behavior & Health Systems</i>	UNT Health Science Center
Brandy O'Quinn	<i>Public Affairs Manager</i>	Blue Zones Project Fort Worth
Brenda Patton	<i>Public Affairs Coordinator</i>	Blue Zones Project Fort Worth
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Sushma Sharma	<i>Director of Population and Public Health Research</i>	DFW Hospital Council Foundation
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NEW ORLEANS, LOUISIANA		
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Laura Kerns	<i>Registered Dietitian</i>	Cancer Center at University Medical Center New Orleans
Kara Levine	<i>Social Worker</i>	Cancer Center at University Medical Center New Orleans
Jasmine Meyer	<i>Director of Programs</i>	Second Harvest Food Bank of Greater New Orleans

Food Insecurity Group #2

NAME & EMAIL	TITLE	COMPANY
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Rebecca Guidroz	<i>Health Promotion Manager</i>	Louisiana Department of Health
Bretta Lutz	<i>Administrator of Nutrition Services</i>	Louisiana Special Education Center
Amy Sonnier	<i>Wellness Coach/Care Manager</i>	Legacy Health & Wellness
Olivia Vasquez	<i>Family Nurse Practitioner</i>	Bunkie Rural Health Clinic/Bunkie General Hospital
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LOS ANGELES COUNTY, CALIFORNIA		
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Alexis Davenport	<i>Co-Director of Champions for Change Initiative, Assistant Professor of Clinical Pediatrics</i>	Children's Hospital Los Angeles
Michelle Madrid	<i>Project Manager</i>	AltaMed Health Services Corporation
Princess Obieniu	<i>Health Education/Cultural & Linguistics Services Medical Administration</i>	Hubert Humphrey Comprehensive Health Center
Raymond Perry	<i>Pediatrician and Director of Hubert Humphrey Comprehensive Center</i>	Hubert Humphrey Comprehensive Health Center
Mirna Ponce Jewell	<i>Epidemiologist</i>	Los Angeles County Department of Public Health
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BLACKFEET RESERVATION, MONTANA		
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Loren Birdrattler	<i>Project Director</i>	Agricultural Resources Management Program
Scott Brant	<i>community member</i>	Blackfeet Nourish Project
Vicki Holbrook	<i>Local community Master Gardener</i>	East Glacier, MT
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Will Seely	<i>Food Policy Planner</i>	Agricultural Resources Management Program
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Sonya Bigleggins		
SAN DIEGO COUNTY, CALIFORNIA		
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Diane Wilkinson	<i>Director of Policy and Advocacy</i>	San Diego Hunger Coalition

Food Insecurity Group #1 (cont'd)

NAME & EMAIL	TITLE	COMPANY
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Jenn Tennent	<i>Assistant Director, Hunger Response Network</i>	Northwest Harvest
Deb Gumbardo	<i>Chief, Psychosocial Services</i>	Seattle Children's
Mariel Torres Mehdipour	<i>Chronic Disease & Injury Prevention Manager</i>	Public Health Seattle and King County
Anu Asnani	<i>Community Health Coordinator, Pediatric Partners in Care</i>	Seattle Children's
Nick Jackal	<i>Director of Community Programs</i>	Food Lifeline
Elizabeth Bennett	<i>Director, Community Health & Engagement</i>	Seattle Children's
Arlesia Bailey	<i>Director, Odessa Brown Children's Clinic</i>	Seattle Children's
Edna Shim	<i>Director, Regional Gov't Affairs</i>	Seattle Children's
Hugh Ewart	<i>Director, State & Federal Gov't Affairs</i>	Seattle Children's
Liz Snow	<i>Food & Health Access Manager</i>	WithinReach
Shaquita Bell	<i>Interim Medical Director, Center for Diversity and Health Equity</i>	Seattle Children's
Naima Idris	<i>Lead, Health Information Management Specialist, Odessa Brown Children's Clinic</i>	Seattle Children's
Lara Sim	<i>Manager, Community Benefit</i>	Seattle Children's
Colleen Groll	<i>Manager, Sustainability Programs</i>	Seattle Children's
Jose Villalobos	<i>Outreach & Enrollment Coordinator</i>	WithinReach
Annya Pintak	<i>Outreach Manager</i>	WithinReach
Annette Quayle	<i>Program Manager, Child Protection Advocacy & Outreach</i>	Seattle Children's
Christina Wong	<i>Public Policy Manager</i>	Northwest Harvest
Laura Crooks	<i>Senior Director, Patient & Family Experience</i>	Seattle Children's
Cora Breuner	<i>Physician, Adolescent Medicine, Orthopedics & Sports Medicine; Principal Investigator</i>	Seattle Children's
Erik Schlocker	<i>Senior Social Worker, Adolescent Medicine</i>	Seattle Children's
Sandra Williams	<i>Program Coordinator, Cooking Matters</i>	Solid Ground
Tumaini Coker	<i>Physician; Principal Investigator</i>	Seattle Children's
Yolanda Evans	<i>Physician, Adolescent Medicine; Principal Investigator</i>	Seattle Children's



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