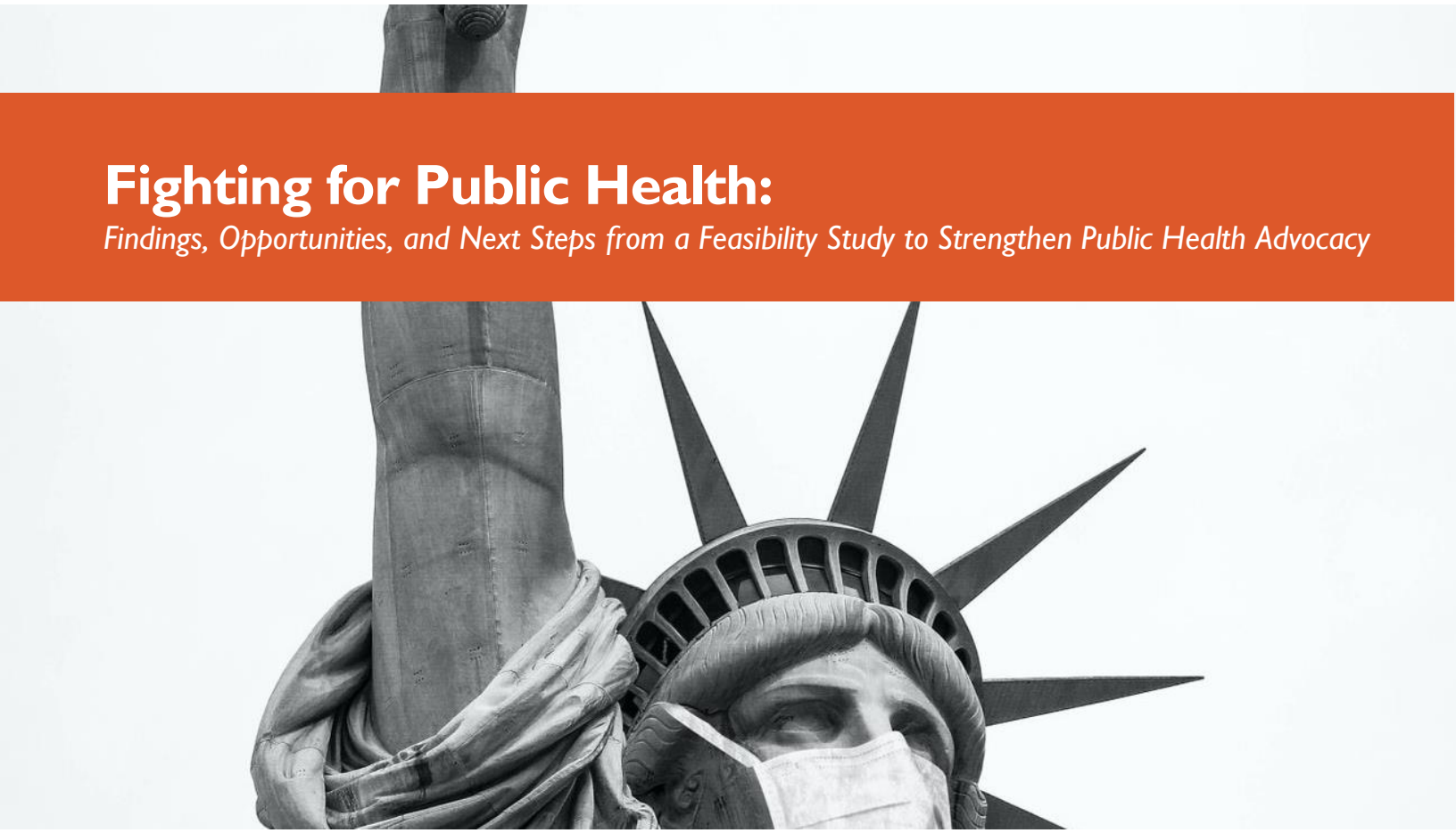
Fighting for Public Health:

Findings, Opportunities, and Next Steps from a Feasibility Study to Strengthen Public Health Advocacy



Prepared for **The Network for Public Health Law**

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September 2022

The Network for Public Health Law

Looking back, when was public health's heyday? Was it a century ago, post-World War I and the great influenza pandemic, when *éminence grise* C-E. A. Winslow[1] foresaw a national transformation of health and well-being, led by dazzling scientific discoveries and a newly energized, trained, and respected public health workforce focused on social justice?[2] What about the trusting, patient crowds lining streets in the 1950s to receive their long-awaited Salk polio vaccine, relegating iron lungs to museums? Childhood vaccinations? Safer vehicles and workplaces? Healthier mothers and babies? Cleaner air in cities preventing asthma? Recognition of tobacco use as a health hazard, and subsequent gains in preventing heart disease and stroke?

These achievements and the bipartisan public and political support behind them were hard-won, prevailing over not just opposition but indifference and ignorance. Most of these efforts are ongoing, now with stronger (and overdue) emphasis on achieving health equity. They also stand in contrast to events such as the HIV/AIDS pandemic and, more recently, the COVID-19 pandemic, when trust in public health ebbed and controversy and confusion took over.[3] Whether heyday, low point, or some combination of these, such pendulum swings reflect one truth: public health IS political. As an overall trend line, falling investments in public health since the early 1980s appear to reflect another decline—in advocacy for public health funding and infrastructure.

Recognizing this crucial but rectifiable gap, the Network for Public Health Law commissioned a feasibility study to address an urgent question:

How do we strengthen public health advocacy at local, state, and national levels?

Frey Evaluation assembled a small team to interview advocates and leaders from 46 organizations working at all levels of public health and adjacent to the field, sift through their many insights, and identify points of consensus as well as intriguing ideas to explore—what Dr. Winslow might have termed today's "untilled fields." We then tested our findings in a dozen sensemaking conversations with 25 different leaders. This call to action aims to summarize findings, opportunities, and next steps from the interviews as succinctly as possible for busy readers; this report is also available on the Network's website, here.

The purpose of this report is to stimulate wide-ranging discussion and engage those who share a sense of urgency in **collective, purposeful action to strengthen public health advocacy in the United States.** As a field, we have some catching up to do, which is daunting, but we also offer a menu of options that we hope will be galvanizing.

Undercurrents: Tensions Rippling Through Public Health

Our team wants to highlight several **tensions** that were voiced, in many different iterations, throughout the dozens of interviews. To anyone working in or near public health, these are likely to feel familiar, as is the conundrum that each side of the tug of war has some truth (hence the tension). While not

[1] "Among the most widely quoted health leaders during his lifetime, Dr. Winslow believed that equal in weight with scientific ideas about health and disease was a commitment to social justice – that social ills must be the first conquest in the "conquest of epidemic disease." https://en.wikipedia.org/wiki/Charles-Edward_Amory_Winslow

[2] Winslow, C-E A. 1920. The Untilled Fields of Public Health. Address of the vice-president and chairman of the American Association for the Advancement of Science, Section K—Physiology and Experimental Medicine—St. Louis, January 2, 1920. *Science*, 23-33.

[3] We define "public health" as the science and art of preventing disease, promoting health and safety, and protecting people and the communities in which they live, learn, work, and play, by coordinating efforts that focus on the health and well-being of populations (not just individuals).

necessarily new, these tensions do take on a different edge in our current polarized political environment.

- Is it that *public health* is under attack? Or *all government agencies* are under attack, and public health feels the sting alongside them? Or, of course, a little of both?
- Is it that public health isn't effectively addressing the root cause of health disparities, which is *racism*? Or has emphasizing health equity worsened the attacks on public health, especially in red states where conservatives may quickly dismiss this as "*wokeness*?"
- Should public health *let the science "speak for itself*?" Or should we recognize that *"the science" cannot and does not speak for itself*, and that it must be translated for politicians if we expect them to use it to make good health policy?
- Should public health be about *creating the conditions* for health? Or do people (still!) not know *what public health is*, so how can they support public health and connect it to creating the conditions for health?
- What about the *public health workforce*? Have they been through hell and back with the pandemic and need our support? Of course. But isn't it also true that a new generation of natural activists is entering the public health workforce and wants to lead with their values—and tends to be far less patient with the pace of change their predecessors may have tolerated?
- And what about that same workforce—is it simply a matter of doing a better job of teaching them what they can and can't do politically, and then they'll *advocate for public health*? What about the varying state and even county rules about what public employees can and cannot do in terms of political engagement? And what about the people who never have and never will see themselves as professionally engaged in politics, noting that this *is not* why they went into the field of public health in the first place?

These tensions cannot be fully resolved through stronger advocacy but acknowledging them will strengthen our approach to messaging and advocacy. Bottom line: these tensions are challenging, but they can help public health claim (or reclaim) its advocacy ground.

Current Opportunities

Here we share **six opportunities** that emerged from the interviews. Each opportunity is paired with the **findings** that support it and ideas about **how to seize the opportunity,** some more immediately feasible than others. A final section arrays these "how to's" in a suggested sequence that moves us through the next decade in a more intentional, aligned, and (therefore) effective way.

First, the ingredients; then, the menu.

Six Opportunities to Strengthen Public Health Advocacy

1. Develop and advocate for "pro-public and community health" policies
2. Cultivate "friends of public health" at all levels and across aisles
3. Strengthen and build state-level public health advocacy organizations
4. Develop and disseminate messages to equip friends of public health
5. Train the current and future public health workforce to engage in advocacy
6. Unlock funding to do this work

Opportunity #1: Develop and advocate for "pro-public and community health" policies

We heard a lot of answers to the question of "public health advocacy for *what*, exactly?"

With stronger advocacy, for example, we could **modernize a hollowed-out public health system** to enact policies that achieve better health outcomes for all. We could protect and, where necessary, **restore public health's legal authority**, challenged and eroded across the country. We could do more to **center equity** and **address racism** as a fundamental threat to the public's health: to the health of people who are most impacted by structural racism embedded in policies first and foremost, and to everyone's universal, shared health as well. We could ensure **sustainable funding** at all levels of public health, leaving behind volatile cycles of panic and neglect that impede progress. And stronger advocacy could attract and retain the workforce of the future, whose members want to **lead with their values and address the challenges of our times**. These advocacy goals have a common root and prerequisite: **restoring trust** with the American people.

How do we develop these policies? A key way to do that is by continuing and expanding the work of collaboratives like Act for Public Health, the public health law collaborative that supports public health officials, by learning more about what works and how to fine-tune pro-public and community health policies. When we know more about what works, we will have more opportunities to share model laws and policies so that different jurisdictions don't have to use scarce resources and political capital to reinvent them.

Opportunity #2: Cultivate "friends of public health" at all levels and across aisles

A state legislator we interviewed told us that during her 25 years in office, she never received a visit from a local public health official from the county she represented. Never! We cannot reasonably expect elected officials at any level to stand up for public health on their own; other public endeavors (education, law enforcement, fire safety, labor) do not operate this way. By relying on 501(c)3s, our interviewees noted, public health is competing for resources and support with one hand tied behind its back, while other sectors add 501(c)4s, 501(c)6s and political action committees (PACs) to the mix. The consensus among interviewees was that we in public health need to get smarter, stretch within the legal limits of what we can do with our existing organizations, and create new, much more assertive advocacy groups—and soon.

> *"The people on the other side aren't limiting themselves to the bounds of a 501(c)3. We aren't fighting back on level ground if we don't have a 501(c)4 and a PAC. We need the tools to fight back."*
> *– Study Participant Cianti Stewart-Reid*

How? Experienced observers inside and outside public health envision an expanded role for **state public health associations** and their members along with others representing local and state public health, such as the National Association of City and County Health Officials (NACCHO), the state associations of local health officials, and the Association of State and Territorial Health Officials (ASTHO). Some of this is already happening, but not to the extent needed and not evenly across the country and jurisdictions.

Still, bolstering public health advocacy from within is not enough. **Allies and champions** in other sectors and disciplines (e.g., communications, community organizing, law), grassroots groups and coalitions (e.g., voting rights), and the business community are actual and potential allies who share public health goals. Indeed, significant legislative achievements that have reduced health disparities (like Title VI of the Civil Rights Act of 1964 and the Affordable Care Act) happened because of organized education and advocacy campaigns with strong voices from the healthcare and public health sectors as

well as strong community advocates. Distinguishing between **national advocacy goals** such as budget appropriations from **state-level** ones such as public health legal authority, is also part of this equation.

Surprisingly little **consumer research** exists on another key constituency: the general public. What do they want and expect from public health, how do they benefit, and how could they be engaged and enlisted in advocacy to secure these gains? Harnessing the public's power is challenging, but the yield could be monumental.

Opportunity #3: Strengthen and build state-level public health advocacy organizations

Despite the many obstacles outlined above, we learned about several exciting and successful **models of public health advocacy** from our interviews, particularly at the state level. Some are innovative; others more traditional. Supporting candidates for elected office? Conducting persuasive issue campaigns and public polling? Educating voters? Even *advertising*? All are examples we should share and learn from; they are compiled in Table 1, below.

> *"As I've learned from my fellow advocates, good advocacy is like water on a rock, patiently drip, drip, dripping until the rock yields …"*
> *–Study Participant Laura Colbert*

Table 1: National and State-level Models for Public Health Advocacy

National + State	State-level
• Research- and advocacy-focused national organization supporting state and regional chapters (Center for Budget & Policy Priorities, Community Catalyst Southern Health Partners) • Advocacy-focused national organization with state chapters and grassroots (American Heart Association's Voices for Healthy Kids, National Voluntary Associations such as YMCA, AARP, American Cancer Society) • Advocacy coalitions for appropriations (e.g., American Public Health Association (APHA), Trust for America's Health, Association of State and Territorial Health Officials, National Association of City and County Health Officials, and Big Cities Health Coalition and their members)	• Statewide commission with focus on public health authority (Indiana Public Health Commission) • State-based affiliates (APHA chapters/State Associations of County Health Officials) • Align and combine with adjacent advocacy groups (Montana Confluence) • Bipartisan state-level c3, c4, PAC with endowment (Healthier Colorado) • Form coalition of groups (e.g., hospitals) invested in shared state public health outcomes

If a few dozen interviews unearth some intriguing examples, what would a state-by-state canvas reveal? One of our sense-makers encouraged us to learn what's out there in every state to discover what works to stretch the advocacy and lobbying capacity of its existing 501(c)3s, establish 501(c)4s and (c)6s where appropriate, and generally expand our ability to collaborate and take collective action to fight more effectively for pro-public and community health laws.[4]

[4] For helpful descriptions of these options and their attributes, see the Alliance for Justice fact sheet at this link: https://bolderadvocacy.org/resource-library/types-of-organizations/

Opportunity #4: Develop and disseminate messages to equip friends of public health

"You can accomplish the same goals with different language. You have to meet people where they are."
– Study Participant

Excellent work has been done by the Public Health Communications Collaborative, PHRASES, the Berkeley Media Studies Group, Making the Case, and others to shift the framing and language of public health, but advocacy messages still need to be tailored to resonate with different audiences: the public, policy makers, new and existing members of the public health workforce, funders and donors, and the allies and champions mentioned above. One size does not fit all, or even most. Especially in the current polarized political environment, crafting advocacy that reaches blue, red, *and* purple audiences is vital.

The art and science of influence is missing from public health training and practice. Much improved toolkits; social media strategies; effective messaging; and a cadre of public health's own influencers to deploy these tools would make it easier for friends of public health to become stronger champions.

Opportunity #5: Train the current and future public health workforce to engage in advocacy

"Nobody wants to involve themselves in politics, because [if] ***you touch the third rail, you get burned.*** *And I would always try to say that it's the third rail that makes the subway go. And* ***if you don't figure out how to engage the third rail, you're not going to get much power.*** *" –Study Participant Ed Hunter*

In interview after interview, with a blend of sympathy and exasperation, we heard one word used repeatedly to describe how public health's workforce views advocacy: **skittishness**. As a result, their voices and expertise are **missing from the public discourse**, leaving the field wide open to anti-public health views. It's not surprising; after all, many public health workers are public employees. Plus, there's little training and even rarer encouragement for risking wrist slaps, conflict, admonition, pushback, and more from veering anywhere near the perceived off-limits "third rail" of politics. Yet public health undeniably operates in a political realm, competing for resources and requiring the backing and alliances of others enmeshed in the fray.

The public health workforce of the future, current and soon-to-be students in the nation's undergraduate and graduate-level training programs, will benefit from a significant expansion of small-scale but promising efforts to imbue advocacy training into skill sets and mindsets. For those already in the workforce, toolkits, professional development, and high-level encouragement can ensure that, among other things, no future state legislators will ever be able to say they had no contact with a local public health official over the course of their legislative careers.

Opportunity #6: Unlock funding to do this work

Unless and until we unlock **adequate funding for public health advocacy**, other public health goals will remain out of reach. At the moment, advocacy by national public health organizations focuses mostly on federal appropriations, rather than state laws and appropriations, but we know that small amounts of seed money for advocacy (such as the American Public Health Association's support for initiatives in Montana and other states) can make a big difference. New trends in philanthropy and individual giving (e.g., general operating grants and changes in individual tax incentives) also present new opportunities.

Potential steps offered by study participants include adding advocacy checkbox options for dues-paying membership organizations, cultivating individual donors and philanthropic groups already interested in funding advocacy work, and encouraging existing 501(c)3s to stretch their advocacy and lobbying budgets to their legal limits, which they are nowhere near currently.

A Public Health Advocacy Menu

In *The Digital Doctor*, Robert Wachter, MD, reflecting on advances of technology in medicine (or lack thereof), notes that **we almost always overestimate what we can do in a year and underestimate what we can do in a decade**.[5] Alternatively, initial steps can seem daunting, so we don't embark on the first-year journey that yields decade-long results, which is in many ways a leap of faith. As Dr. Martin Luther King, Jr. put it, "Faith is taking the first step even when you don't see the whole staircase."

In that spirit, what can we do to strengthen public health advocacy in the next year? What about the next decade? What are the roles for individuals and organizations inside, adjacent to, and outside public health? Already mentioned in this synopsis are public health lawyers, state and national public health associations, schools of public health, policy makers, the current and future workforce, funders and donors, and members of the public. There are so many more as well: lobbyists, health systems, advocacy groups, and other sectors, from education to business and industry. Who leads and provides stewardship? Who supports? Who communicates?

To jump-start discussions and action, we propose a menu/matrix of potential actions to strengthen public health advocacy, grouped by the six opportunities above. (Please see next page.)

For starters, **a 50-state environmental scan of advocacy talent, capacity, and opportunities**—building on the work of this feasibility study—would quickly provide a baseline of gaps and opportunities so that the entire field can be leveled up as the work progresses.

There's room on this menu for many players, but that also means there's a need for coordination. What's not on here? Gazing at navels, wringing of hands.

In other words: Let's *do* this!

That public health heyday we asked about five pages ago? It hasn't happened yet, but we can make it so.

Acknowledgements

The experts we interviewed and who participated in our sense-making conversations were remarkably generous with their time. We greatly appreciate their insights and wisdom. We also offer a huge thank you to Nicole Lezin at Cole Communications for her expertise in helping us convey succinctly the findings and themes that we heard.

This feasibility study and report are funded and made possible by the Network for Public Health Law, Healthcare Georgia Foundation,[6] and Montana Healthcare Foundation. The Network for Public Health Law and Frey Evaluation are solely responsible for the statements and conclusions included in this report.

[5] Wachter R. 2017. *The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age.* New York: McGraw-Hill Education.

[6] *Created in 1999 as an independent, private foundation, Healthcare Georgia Foundation's mission is to enable, improve, and advance the health and well-being of all Georgians.*

Strengthening Public Health Advocacy: The Next Year and Decade

Opportunity	First Year Actions	First Decade Actions
1. Develop and advocate for ***pro-public and community health policies***	• Continue / expand Act for Public Health, the public health law collaborative that supports public health officials • Monitor, evaluate, and track pro and anti-health laws to learn more about what works, where to focus	• Develop, disseminate, and promote adoption of model laws to friends of public health and 501(c)3s and (c)4s, as well as PACs
2. Cultivate ***friends of public health***	• Strengthen the advocacy skills and capacity of state public health associations and state/local associations of health officials to reach elected officials	• State public health associations and SACCHOs train public health officials in outreach and advocacy (current workforce) • Connect to advocacy components of other non-public health sectors and disciplines • Use findings from messaging/ communications research to engage the public in advocacy • Share lessons learned
3. Build and strengthen ***state-level advocacy organizations***	• Conduct a state-by-state scan of existing public health advocacy talent and capacity to identify opportunities • Educate and strengthen 501(c)3s to do more advocacy within their full legal and financial authority • Encourage current public health (c)4s and (c)6s conducting advocacy and lobbying to share their lessons learned • Devise structural backbone(s) to support and reinforce state-level efforts	• Build state-level public health advocacy efforts, including building (c)4s and PACs • Support state-level efforts from a national hub by sharing ongoing guidance re: messaging, model laws, and trending regional issues, and creating peer support and learning networks
4. Develop and disseminate ***messages***	• Conduct consumer research on how to engage the public in public health • Develop tailored messages for different audiences	• Provide training on messaging for different groups • Develop a variety of messengers and platforms to reach different audiences • Evaluate and adapt messages based on ongoing consumer research • Share successful campaigns, advertisements, etc. for broader reach
5. ***Train*** *the workforce*	• Disseminate advocacy curricula for undergraduate / graduate MPH programs (e.g., Johns Hopkins School of Public Health, USF COPH Public Health Activist Lab, etc.) • Plan for scan of advocacy curricula of SPHs and professional development within State Health Departments • Add advocacy components to continuing education mandates	• Develop, implement phases of advocacy training for all levels and sectors of the public health workforce, including messaging, relationship-building • Work with Public Health Accreditation Board and Council on Education for Public Health to develop minimum advocacy training standards in public health education and core competencies and in accreditation standards
6. ***Unlock funding***	• Educate funders / develop fundraising strategies for working with foundations, corporations, and individuals	• Implement fundraising strategies to support local, state and national advocacy for public health • Re-assess annually and for subsequent decade

Appendix 1. Study Participants

Participating Organizations (n=44)

Feasibility Study for Strengthening Public Health Advocacy
January – July 2022

We selected individuals and organizations for study inclusion using the following inclusion criteria:

1. Diversity of age, race, gender, experiences, perspectives, roles, and political views
2. Organizations already working to build public health or public health-adjacent advocacy at a national, state or local level
3. Individuals or organizations who were suggested by study participants and vetted using criteria one and two.

National Public Health Organizations

American Public Health Association
Association of State & Territorial Health Officials
Big Cities Health Coalition
CDC Foundation
George Washington Univ Milken Institute SPH
Johns Hopkins Center for Public Health Advocacy
National Assoc of County & City Health Officials
National Network of Public Health Institutes
Public Health Accreditation Board
Trust for America's Health

National Health Voluntary Organizations

American Heart Association (AHA)
AHA Voices for Healthy Kids
American Cancer Society Cancer Action Network

State or Local Organizations

Confluence Public Health Alliance, Montana
Georgia General Assembly
Georgia Public Health Association
Georgians for a Healthy Future
Grady Hospital, Atlanta GA
Healthier Colorado
Montana Health Department
Montana Medical Association
Montana Public Health Institute
Oklahoma Policy Institute
Voices for Georgia's Children

Public Health Law Groups

Act for Public Health
Center for Health Policy Law, Northeastern Univ
Center for Public Health Law Research, Temple
Network for Public Health Law
Public Health Law Center, Mitchell Hamline School of Law

Legal, Policy & Advocacy Experts

Community Catalyst Southern Region
Cornerstone Government Affairs
Population Health Partners, LLC
Trister, Ross, Schadler & Gold Law Firm
University of Montana School of Social Work
YMCA of the USA

Social Justice Organizations

Alliance for Justice
Anonymous
Demos
Georgia Equality
HealthBegins

Foundations

de Beaumont Foundation
Healthcare Georgia Foundation
Montana Health Care Foundation
Robert Wood Johnson Foundation

Individual Study Participants (n=88)

Feasibility Study for Strengthening Public Health Advocacy
January – July 2022

Name	Organization
Katie Adamson	YMCA of the USA
Sabrina Adler	ChangeLab Solutions
Anton Aluquin	American Public Health Association (APHA)
Sara Bartel	ChangeLab Solutions
Georges Benjamin	American Public Health Association (APHA)
Katie Bishop	AHA Voices for Healthy Kids
Doug Blanke	Public Health Law Center, Mitchell Hamline School of Law
Jean Branscum	Montana Medical Association
Allyn Brooks-LaSure	Robert Wood Johnson Foundation
Scott Burris	Center for Public Health Law Research, Temple University
Taifa Butler	Demos
Kathy Cahill	CDC Foundation
Amanda Cahill	University of Montana School of Social Work
Lisa Carlson	Georgia Public Health Association
Brian Castrucci	deBeaumont Foundation
Laura Colbert	Georgians for a Healthy Future
Megan Collins	American Public Health Association (APHA)
Regina Davis	American Public Health Association (APHA)
Sarah deGuia	ChangeLab Solutions
Lisa Dworak	Confluence Public Health Alliance, Montana
David Fleming	Trust for America's Health
Lori Freeman	National Association of County and City Health Officials
Lori Fresina	AHA Voices for Healthy Kids
Nadine Gracia	Trust for America's Health
Jeff Graham	Georgia Equality
Rya Griffis	American Public Health Association (APHA)
Kristen Gurdin	Robert Wood Johnson Foundation
Laura Hanen	Big Cities Health Coalition
Todd Harwell	Montana Health Department
Shelley Hearne	Johns Hopkins Center for Public Health Advocacy
Matt Hicks	Grady Hospital, Atlanta GA
Johanna Hinman	Georgia Public Health Association
Kathi Hoke	Network for Public Health Law
Emily Holubowich	AHA Advocacy Team
Dawn Hunter	Network for Public Health Law
Ed Hunter	Policy Expert
Avenal Joseph	Robert Wood Johnson Foundation
Chrissie Juliano	Big Cities Health Coalition
Matt Kelley	Montana Public Health Institute
Faith Khalik	Center for Health Policy Law, Northeastern University
Stephanie Krenrich	American Cancer Society Cancer Action Network
Jill Krueger	Network for Public Health Law
Paul Kuehnert	Public Health Accreditation Board
Lisa Lacasse	American Cancer Society Cancer Action Network

Vince Lafronza	National Network of Public Health Institutes
Jeffrey Levi	George Washington University Milken Institute School of Public Health
Donna Levin	Network for Public Health Law
Nicole Lezin	Cole Communications
Abby Levine	Alliance for Justice
Giridhar Mallya	Robert Wood Johnson Foundation
Rishi Manchanda	HealthBegins
Jim Marks	Policy Expert
Allen Mattison	Trister, Ross, Schadler & Gold Law Firm
Angie McGowan	American Public Health Association (APHA)
Mark Mioduski	Cornerstone Government Affairs
Judy Monroe	CDC Foundation
Julie Morita	Robert Wood Johnson Foundation
Carolyn Mullen	Association of State and Territorial Health Officials (ASTHO)
Gary Nelson	Healthcare Georgia Foundation
Mary Margaret Oliver	Georgia General Assembly
Wendy Parmet	Center for Health Policy Law, Northeastern University
Ann Phi-Wendt	Network for Public Health Law
Erica Phung	AHA Voices for Healthy Kids
Jennifer Piatt	Network for Public Health Law
Matt Pierce	Robert Wood Johnson Foundation
Elizabeth Platt	Center for Public Health Law Research, Temple University
Alonzo Plough	Robert Wood Johnson Foundation
Susan Pollan	American Public Health Association (APHA)
Amanda Ptashkin	Community Catalyst Southern Region
Julie Ralston Aoki	Public Health Law Center, Mitchell Hamline School of Law
Montrece Ransom	National Network of Public Health Institutes
Bill Roper	Policy Expert
Ahniwake Rose	Oklahoma Policy Institute
Eduardo Sanchez	American Heart Association (AHA)
Don Schwarz	Robert Wood Johnson Foundation
Erica Sitkoff Fener	Voices for Georgia's Children
Jane Smilie	Population Health Partners
Lauren Smith	CDC Foundation
Cianti Stewart-Reid	Advocacy Expert
Brandon Talley	CDC Foundation
Sadena Thevarajah	HealthBegins
Samantha Tucker	Healthcare Georgia Foundation
Lisa Waddell	CDC Foundation
Lindsey Wahowiak	American Public Health Association (APHA)
Anne Weiss	Robert Wood Johnson Foundation
Aaron Wernham	Montana Health Care Foundation
Jake Williams	Healthier Colorado
Leslie Zellers	Legal & Policy Consultant