

Fighting for the Public's Health:

Ideas for Action from an April 2023 National Convening to Strengthen Public Health Advocacy

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

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 **The Network**
for Public Health Law

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Feedback

Please share your comments, questions, and ideas with the Network for Public Health Law and Frey Evaluation, LLC team. You may reach us at maddyfrey@freyevaluation.com.

Introduction

Two decades ago, Mary Bassett, MD, MPH, former Commissioner of both the New York City and New York State Departments of Health, made a plea for public health advocacy:

*“As important as data are to public debate, what people see, hear, and experience is often what drives passionate commitment to changing the public’s health. The basis for advocacy is not limited to what we count and the statistics we derive . . . **Public health takes place in boardrooms, on street corners, in our homes, and in the legislature. So, too, does public health advocacy.**”¹*

Advocacy is critical to the success of public health, but it has not been a consistently valued part of the field's history. At a time when public health is both more challenging and more crucial than ever, building advocacy capacity is urgently needed to preserve decades of progress while meeting new and ongoing threats to the public’s health.

In 2021-22, the Network for Public Health Law (the Network) commissioned a feasibility study, conducted by Frey Evaluation, LLC, to gather insights from multiple perspectives about how public health advocacy could be strengthened at the local, state, and national levels.² Findings from interviews and sense-making conversations with over 90 individuals were presented in a Network report released in September 2022, *Fighting for Public Health: Findings, Opportunities, and Next Steps from a Feasibility Study to Strengthen Public Health Advocacy*.³ The study highlighted six opportunities for addressing gaps in public health advocacy (see box).

Six Opportunities to Address Gaps in 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



¹ Bassett MT. Public Health Advocacy. *Am J Public Health*. 2003 August; 93(8): 1204. Accessed 5/1/2023 via <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447936/>

² The Network also commissioned a related study in 2023 to provide an inventory and status report of state-level public health advocacy capacity. Preliminary findings from that report, co-authored by Quang (“Q”) Dang, JD; Manel Kappagoda, JD, MPH; Emma Waugh, MPH; and Leslie Zellers, JD and presented at the Convening by Manel Kappagoda, Public Health Policy and Strategy, also informed the Convening discussions and subsequent planning.

³ The *Fighting for Public Health* feasibility study and report were funded by the Network for Public Health Law, Healthcare Georgia Foundation, and Montana Healthcare Foundation. The full report and an accompanying slide deck are available [here](#).



Convening participants in Atlanta, Georgia on April 11, 2023

The Network then brought together 50 community leaders, advocates, legal experts, and funders from public health and health-related organizations in April 2023 for deeper discussions. The two-day Strengthening Public Health Advocacy Convening was held at The Task Force for Global Health headquarters near Atlanta, Georgia, supported and funded by the CDC Foundation and the de Beaumont Foundation and facilitated by a team from Savannah-based Think Equity.

The Network’s Fighting for Public Health team pulled together a national Organizing Team to develop an agenda, identify and recruit potential participants, and ensure that the organizations, individuals, and discussions represented multiple perspectives and placed equity considerations front and center.

The Convening list of participants, most of whom are pictured above, is provided in Appendix A, with Organizing Team members designated with an asterisk.

This report summarizes the proposed actions that emerged from discussions and follow-up conversations regarding four of the six opportunity areas, all designed to reach a vision of creating a **robust, equitable, nationwide system of advocacy for the public’s health** within the next decade:

- Develop and advocate for **pro-health and community health policies**
- **Cultivate friends of public health** at all levels and across aisles
- Strengthen and **build state and local-level public health advocacy organizations**
- **Train the current and future public health workforce** to engage in advocacy

The other opportunities—develop and disseminate **messages** to equip friends of public health and **unlock funding** to do this work, along with **advancing equity**—are considered cross-cutting opportunities that are essential to all of them, as shown in the diagram below.

Figure 1: Key Opportunities to Strengthen Public Health Advocacy



This report is organized into the four opportunities listed above, summarizing discussions and proposed actions generated during the two-day Convening and follow-up conversations with partners and participants.

Overall, the proposed priorities focus on actions considered most **equitable, feasible** to undertake within 2 to 5 years, likely to have an **impact**—especially at the state and local levels—with the potential to **draw additional partners** and funding support to these efforts, thus **advancing the vision** of a robust, equitable, nationwide system of advocacy for the public’s health within the next decade.

Table 1: Proposed Priority Actions to Build a Robust, Equitable, Nationwide System of Advocacy for the Public’s Health at the National, State, and Local Levels

<p>Develop and Advocate for Pro-Health and Community Health Policies</p> <ul style="list-style-type: none"> Define categories for laws/policies to advocate or oppose, driven by community input on disparities, needs, and priorities, such as: <ul style="list-style-type: none"> ★ Public health infrastructure (workforce, funding, agency roles) ★ Pro-health (tobacco control, preparedness, interdependence of health of people, animals, and ecosystems) ★ Pro-community (parks, housing, public resources) ★ Anti-poverty (minimum wages, medical debt) Continue/expand Act for Public Health (the public health law collaborative that provides legal surveillance, technical assistance and support for public health departments) and other policy work (CityHealth, Hi-5) Map, understand, and cultivate sources of power and build power among historically marginalized/excluded groups Monitor, evaluate, and track pro- and anti-health laws to learn more about what works and where to focus
<p>Cultivate “Friends of Public Health” at All Levels and Across Aisles</p> <ul style="list-style-type: none"> Bring together existing and new bipartisan, nontraditional public health supporters and allies Align with related efforts that convene supporters and allies across sectors and realms (i.e., the Alliance for Disease Prevention and Response, Human Impact Partners) in a connected, coordinated hub Map the network of bipartisan, multisector organizations doing this work to craft strategies that engage those inside and outside of governmental public health, including clarifying different roles and contributions
<p>Strengthen and Build State and Local-level Public Health Advocacy Organizations</p> <ul style="list-style-type: none"> Complete and disseminate the 50-state public health advocacy capacity scan and summary report Develop a strategy document that includes options for the advocacy roles of 501(c)3s, 501(c)4s, and 501(c)6s Document and promote a new paradigm for state-based advocacy with the national and state support needed for funding, messaging, and sharing lessons learned across states
<p>Train the Current and Future Public Health Workforce in Advocacy</p> <ul style="list-style-type: none"> Publish “Strengthening Advocacy Skills for Public Health Leaders” in upcoming 2023 issue of <i>Journal of Public Health Management and Practice</i> Convene practitioners and academics in Spring 2024 at Association of Schools and Programs of Public Health annual meeting to clarify and build support for the advocacy skills framework Connect to National Network of Public Health Institutes (NNPHI) Workforce Development initiatives to engage public health practitioners as well as students in advocacy training, and to incorporate advocacy capacity into Public Health Accreditation Board (PHAB) accreditation standards Integrate training for 1) policy development and implementation and 2) working with elected officials into workforce development technical assistance being provided by the Association of State and Territorial Health Officials (ASTHO), NNPHI, and PHAB for the recipients of national public health infrastructure funding
<p>Equity, Messaging, and Funding (Cross-cutting opportunities, relevant to all)</p> <ul style="list-style-type: none"> Create an advocacy infrastructure that centers voices historically marginalized and excluded from policymaking Evaluate the effectiveness of different advocacy messages for different audiences Incorporate message crafting / deployment into workforce development and leadership training Unlock funding from national and state / local funders by sparking conversations among them about this work, highlighting opportunities and mechanisms for funders to resource different aspects of this work and address areas of highest need and disparities



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

In the feasibility study that preceded the April 2023 Convening, a clear consensus emerged that public health needs stronger advocacy. **But advocacy for what, exactly?** The answer to that question was not as clear and it continued to be a topic of lively discussion during the Convening. The group that explored this opportunity identified three main areas of focus:

- Define and describe a **system of advocacy** at national, state and local levels, and how to advocate across them, connecting advocates and levers at different points.
- Understand and cultivate different **sources of power**—such as power that comes from engagement and support of community members, as well as community-driven policies. We can't get drawn into an either/or scenario—we need **BOTH** advocacy for public health **AND** advocacy for the public's health, working together.
- Expand **how we think about and define public health** to move beyond traditional silos to be more inclusive of people experiencing health inequities, issues, and partners, and derive strength from this broader view.

The group noted that a robust system of advocacy needs ongoing structural support in order to promote and fight for both *public health* and *the public's health*. Key components would include mechanisms to **assess advocacy capacity, assets, and results** at all levels, as well as build deeper relationships with grassroots and base-building organizations that reflect community priorities. Participants noted that Act for Public Health, the public health law collaborative that is monitoring and analyzing state legislation and policies to identify both bright spots and issues of concern, has many of these activities underway. CityHealth and Hi-5 also highlight effective state and local health laws and policies.

Develop and Advocate for Pro-Health and Community Health Policies PRIORITY ACTIONS

- Define categories for laws/policies to advocate or oppose, driven by community input on disparities, needs, and priorities, such as:
 - ★ Public health infrastructure (workforce, funding, agency roles)
 - ★ Pro-health (tobacco control, preparedness, interdependence of the health of people, animals, and ecosystems)
 - ★ Pro-community (parks, housing, public resources)
 - ★ Anti-poverty (minimum wages, medical debt)
- Continue/expand Act for Public Health (the public health law collaborative that provides legal surveillance, technical assistance and support for public health departments) and other policy work (CityHealth, Hi-5)
- Map, understand, and cultivate sources of power and build power among historically marginalized/excluded groups
- Monitor, evaluate, and track pro- and anti-health laws to learn more about what works and where to focus

Being able to **respond systematically, with a unified voice**, also was noted as a key component. Additional components of a system of advocacy included **building relationships with partners and communities, sharing what is learned** about effective advocacy, and **developing playbooks and other resources** that will continue adding layers of advocacy skill and capacity.

As we consider pro-health policies, the group participants noted, we must prioritize **inclusive** policies that do not leave behind rural populations, Tribal entities, populations experiencing racial discrimination, and communities entrenched in systemic poverty. Other themes included **leveraging tools and relationships that are already in place**, reaching out to the **business community and health care system players**, and providing public health leaders with the tools they need to lift up and implement **community-based solutions**.



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

Discussions circled around how to **motivate and equip sometimes-skittish public health practitioners to promote messages through advocacy**, including which **messages** would be most effective and how to best train people to use them.

The group recognized the importance of enlisting **support from others outside of public health**. To achieve better health for everyone, public health needs to work with many different partners. But partnerships, whether bilateral or as part of broader coalitions, take time and effort; they may require public health agencies, leaders, and practitioners stepping out of their comfort zones in various ways.

Participants noted that some potential allies and partners, such as business and

industry, seem to be overlooked consistently. Others, such as YM/WCAs, see themselves in public health's work, yet are often not invited to partner, particularly for shared advocacy. Group members proposed a **“power mapping”** exercise to better understand the power and influence that partners and stakeholders may have, as well as the various roles they could play.

Cultivate “Friends of Public Health” at All Levels and Across Aisles

PRIORITY ACTIONS

- Bring together existing and new bipartisan, nontraditional public health supporters and allies
- Align with related efforts that convene supporters and allies across sectors and realms (i.e., the Alliance for Disease Prevention and Response, Human Impact Partners) in a connected, coordinated hub
- Map the network of bipartisan, multisector organizations doing this work to craft strategies that engage those inside and outside of governmental public health, including clarifying different roles and contributions

The group also discussed **inside-outside strategies**, drawing on assets inside and outside governmental public health. In terms of outcomes, group members described a multisector, well-aligned coalition outside of government that would include community power-building groups, the business community, funders, faith-based organizations, hospitals and health care, and voluntary nonprofit organizations, all able and willing to advocate for public health because they see how it aligns with their own interests, and because public health is showing up for them, too.

Members of the group identified several actions for consideration: creating a **coordinating hub** that also would take on the task of securing funding and using it to support coalitions and working directly in communities, as well as backbone/convening functions, and aligning with others to **change public health narratives and messaging**.



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

Discussions about strengthening advocacy at the state and local levels reinforced three themes that echoed those discussed by other groups:

- **Continue working with existing public health organizations and coalitions**, acknowledging that some public health leaders may find it more difficult to speak out because they risk being harassed or fired
- Learn from others outside of public health to **craft a new, updated advocacy paradigm**, drawing on what has helped them succeed (while also mapping existing assets and needs)
- **Normalize lobbying** by non-governmental groups as part of public health advocacy and explaining what that means for public health to address apprehensiveness about lobbying

Strengthen and Build State and Local-level Public Health Advocacy Organizations

PRIORITY ACTIONS

- Complete and disseminate the 50-state public health advocacy capacity scan and summary report
- Develop a strategy document that includes options for the advocacy roles of 501(c)3s, 501(c)4s, and 501(c)6s
- Document and promote a new paradigm for state-based advocacy with the national and state support needed for funding, messaging, and sharing lessons learned across states

Members of this group, informed by the preliminary results of the 50-state scan, identified more detailed strategies based on these themes including **connecting public health leaders and organizations to grassroots organizations** within states for equity, buy-in, and because these organizations do not have the same lobbying restrictions as governmental public health. In many cases, these organizations would benefit from **training, technical assistance, and legal guidance**; providing this support could also accelerate change. **Positive messaging** that resonates with these groups, invites them in, and does not focus solely on problems and deficits

would be part of the approach as well. In addition to training, technical assistance, guidance, and messaging support, these organizations will need **financial resources** to sustain these efforts over time and to grow into these roles.



Opportunity #4: Train the current and future public health workforce to engage in advocacy

This group considered the role of **continuing education** for the existing public health workforce in developing advocacy skills, such as a certificate option for those interested in advocacy. The group’s members noted that continuing education strategies are needed because a small percentage of the governmental public health workforce—approximately 14 percent—enters the field via Schools of Public Health.⁴

With an **emphasis on social determinants of health** and other sectors and roles, such as community health workers and *promotoras*, the public health workforce will become even more varied than it is now. Group members noted that advocacy training and support could include policies that benefit the workforce such as loan repayment policies, equitable pay, and adequate funding for public health work.

The group discussed how to change the narrative and culture of governmental public health through **incentives such as including advocacy in accreditation and public health core competencies**. Related to this was a discussion about whether everyone in public health needs to have an advocacy role or already does, given the many different aspects of advocacy

Train the Current and Future Public Health Workforce to Engage in Advocacy PRIORITY ACTIONS

- Publish “Strengthening Advocacy Skills for Public Health Leaders” in upcoming 2023 issue of Journal of Public Health Management and Practice
- Convene practitioners and academics in Spring 2024 at Association of Schools and Programs of Public Health annual meeting to clarify and build support for the advocacy skills framework
- Connect to National Network of Public Health Institutes (NNPHI) Workforce Development initiatives to engage public health practitioners as well as students in advocacy training, and to incorporate advocacy capacity into Public Health Accreditation Board (PHAB) accreditation standards
- Integrate training for 1) policy development and implementation and 2) working with elected officials into workforce development technical assistance being provided by the Association of State and Territorial Health Officials (ASTHO), NNPHI, and PHAB for the recipients of national public health infrastructure funding

⁴ Bork RH, Robins M, Schaffer K, Leider JP, Castrucci BC. 2022. Workplace Perceptions and Experiences Related to COVID_19 Response Efforts Among Public Health Workers—Public Health Workforce Interests and Needs Survey, United States, September 2021-January 2022. MMWR 71 (29); 920-924. Accessed via <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7129a3-H.pdf>.

work. Members of the group proposed that everyone in public health could be expected to have a **universal minimum competency** in advocating for public health. This would need to be defined, but could then be used as the basis for rewards and incentives, job descriptions, and allocating training resources to upgrading skills, especially for some roles. As this unfolds, group members noted, it would be important to focus on support and incentives that empower people—for example, helping community health workers advocate for better pay—rather than adding burdens to already full plates.

Incorporating advocacy into accreditation standards for academic schools and programs for public health and for state and local health departments also was discussed, particularly in PHAB Domain 5 (“create, champion, and implement policies, plans, and laws that impact health”). Infrastructure funding for public health might offer resources for train-the-trainer and other models to build advocacy capacity and then scale successful efforts to more jurisdictions through online courses or other accessible methods.

Group members urged frequent consideration of **who might be missing from these coalitions and tables**, as well as attention to **asset-based framing and perspectives** while engaging community members. Marginalized voices are left out of many policy discussions and decisions that affect day-to-day lives. Redressing the lack of meaningful voice is the work of many base-building, power-building organizations. Public health organizations have an important role to play in forging connections with and across these groups.

Some public health agencies, leaders, and practitioners will need to shift the way they show up in communities, supporting ideas and solutions of those most affected by health inequities and following the policy priorities of base-building organizations and advocates. Participants noted that this could lead to coordinated issue advocacy—such as public health support for housing, for social justice, for climate justice—that is more effective in advancing pro-health policies and outcomes by changing material conditions in which people try to live healthier lives.

Next Steps

The report is designed to capture highlights from rich discussions and ideas generated during and after the Convening to inspire continued action and commitment from those who attended, while also inviting others inside and outside public health to **improve, join, and amplify** this work to strengthen advocacy for the public’s health.

- **Improve:** The several dozen people who convened in Atlanta in April 2023 are committed to strengthening public health advocacy and have many ideas for how to do so, described here. But they also recognize that other perspectives and voices were not part of these particular discussions. Please see these ideas as a **starting point** and add to them, with particular attention to who else should be engaged in this work.

- **Join:** Strengthening public health infrastructure **and** promoting the public’s health: turbocharging advocacy for both interlocking aims is not achievable by any one sector or level. Convening participants recognized that public health needs to seek out and align with many kinds of partners—including nontraditional and uncomfortable ones—across sectors and the political spectrum, and with communities that have histories and rationales for mistrust of governmental public health. Please join these efforts and suggest other ways to connect, build bridges, and/or create opportunities for healing and restoration.
- **Amplify:** Fortunately, the goal of improving the public’s health does have natural, if untapped, alignment and connection to many other topics, sectors, organizations, and movements. If these ideas align with your organization’s goals, they are here for the taking—and the improving, and the joining.

Meeting facilitator Tiffany Young, Managing Partner of Think Equity, wrapped up the Convening by echoing what many participants had voiced in various ways throughout their hours together: public health needs a culture and narrative shift—truly a paradigm shift—towards advocacy and power, instead of shying away from these as too overtly political. After all, Ms. Young noted, “We have to be relentless, because the people who oppose what we’re trying to do are relentless.”

Those inside public health and those allies outside public health may continue to struggle with evergreen challenges of definitions, scope, messaging, tactics, and funding. But the Convening demonstrated how much common ground is already in place regarding both the public’s health and public health itself. Paired with a sense of urgency and alarm, and knowing the *status quo* cannot continue, many of the actions listed on flip charts in Atlanta are already underway to some degree. Let’s be relentless in taking them to every possible venue, from street corners to faith organizations to boardrooms to legislative chambers.

The public’s health and the hard-won progress of the last century cannot afford even one more year of business as usual, let alone another decade.

Acknowledgements

We greatly appreciate the insights and wisdom offered by the participants in the April 2023 Convening, the members of the Organizing Team, and the experts who have graciously engaged in sensemaking conversations. You have all been remarkably generous with your thoughts and time. We are enormously grateful to Nicole Lezin at Cole Communications who helped us translate all that we have heard and learned into this succinct report.

The Convening and this report were generously supported both financially and intellectually by the de Beaumont Foundation and the CDC Foundation. We also offer a huge thank you to the Task Force for Global Health for sharing its conference facilities for this Convening. The Network for Public Health Law and Frey Evaluation, LLC are solely responsible for the statements and conclusions in this report.

Appendix A: Strengthening Public Health Advocacy Convening Participants *(presented in alphabetical order by first name)*

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