Hospital-Community Partnerships:

Using Local & Institutional Policy to Address Root Causes of Asthma

July 18, 2017

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Kate Blackburn

Senior Program & Policy Analyst

Nemours

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Questions?
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or call Kate Blackburn at 302.650.2328

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Kate Blackburn
Senior Program & Policy Analyst
Nemours

Derek Carr
Staff Attorney
ChangeLab Solutions

Cindy Bruett
Program Consultant, Community Health & Well-Being | Trinity Health

Ruth Ann Norton
President & CEO
Green & Healthy Homes Initiative

Derek Carr, JD
Staff Attorney

ChangeLab Solutions

www.changelabsolutions.org

Disclaimer

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ChangeLab Solutions is a non-partisan, nonprofit organization that educates and informs the public through objective, non-partisan analysis, study, and/or research. The primary purpose of this discussion is to address legal and/or policy options to improve public health. There is no intent to reflect a view on specific legislation.

Our mission:

Healthy communities for all through better laws & policies

Agenda

- **Program to Policy: Moving Upstream**
  - How do programs and policies differ?
  - What are the benefits of policy?

- **Policy Example: Tobacco 21**
  - What is Tobacco 21?
  - What's the connection between Tobacco 21 & asthma?
  - Tobacco 21 in Michigan

Programs vs. Policies

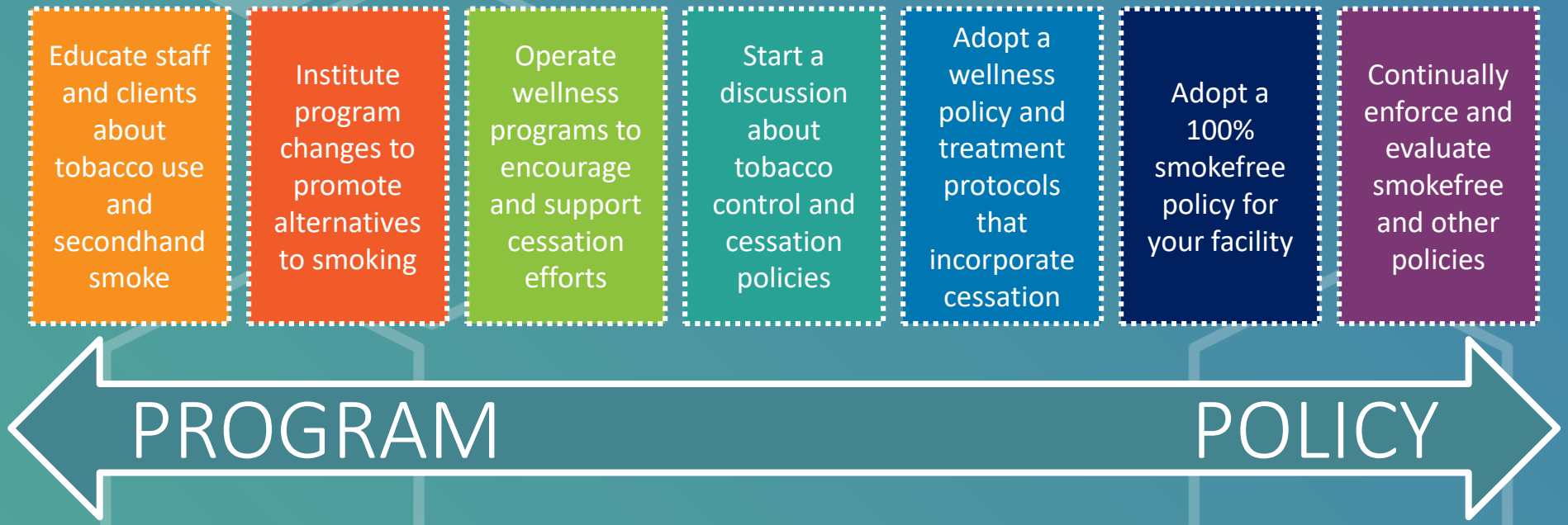
Program

1. A system implemented by government or non-profit
2. Provides a service to a particular group of people
3. Voluntary

Policy

1. A statement in writing
2. Affects how government operates, how citizens live, or how businesses and organizations operate
3. Binding

Illustrating the Program to Policy Spectrum:
Going Smokefree



Policy is more than just legislation

Local ordinances

Zoning language

Resolutions

School/agency policy language

Contracts/agreements

State/federal laws

University policy

Organization policy

Hospital policy

Commonalities

A statement in writing

Binding or some accountability

Sets out a general approach to be applied widely

Why Policy?

Policy offers **accountability** & **enforcement**

Policy **reaches more people**

Policy **institutionalizes good ideas**

Policy often achieves **significant results more efficiently at lower costs**

Policy Example: Tobacco 21

Prohibiting the sale of tobacco products to individuals under 21

Why Raise The Age?

- **95% of current adult smokers** began before age 21.
- The ages of 18 to 21 are **a critical period** when many smokers move from experimental smoking to regular, daily use.
- The Institute of Medicine, one of the most prestigious scientific authorities in the U.S., strongly concluded that **raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives.**

Tobacco 21: Over time…

25%
decline in smoking initiation by 15-17 year olds

12%
overall drop in smoking prevalence

10%
reduction of smoking related deaths

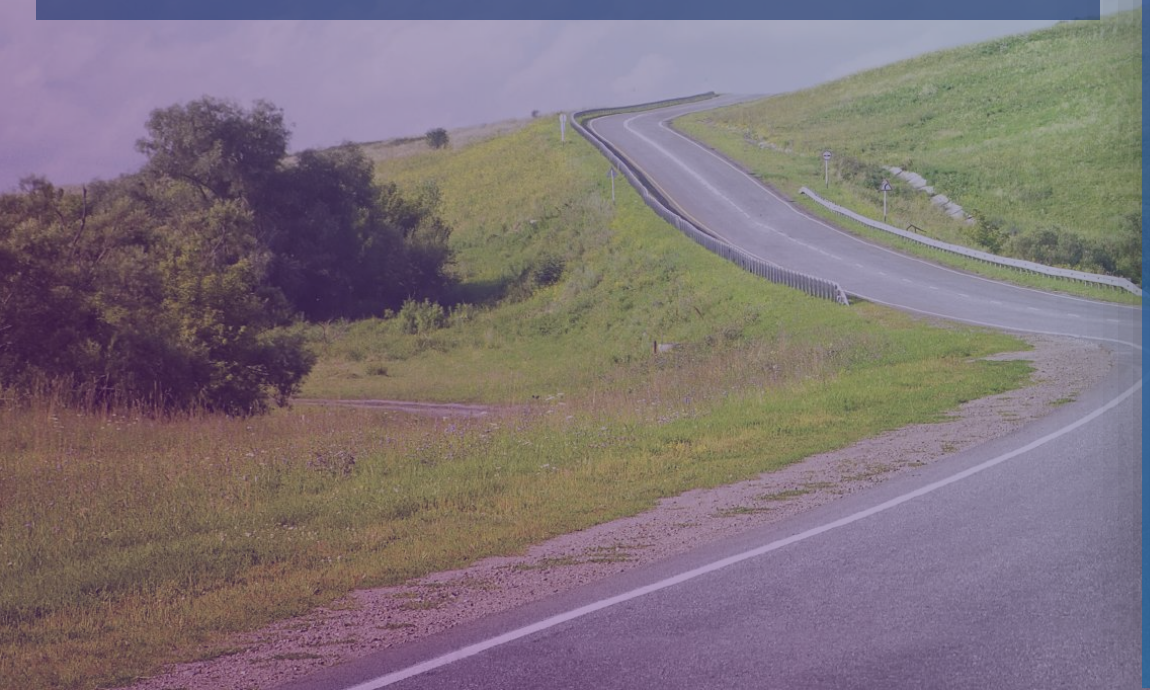
For kids alive today, **4.2 million years of life** would be saved by virtue of this logical, simple policy change.

By **preventing** smoking initiation and **reducing** smoking prevalence, upstream policies like Tobacco 21 can address key **root causes** of pulmonary problems, including **asthma exacerbation,** such as **tobacco use** and exposure to **secondhand smoke**

- **Preemption:** A provision in state (or federal law) which eliminates the power of local (or state and local) governments to regulate tobacco. May "preempt" either existing and/or future legislation.

- Many thought that **local Tobacco 21 policies were preempted in Michigan**.

BUT…



Doing the "Impossible"

Tobacco 21 in Michigan

- **Preemption:** A provision in state (or federal law) which eliminates the power of local (or state and local) governments to regulate tobacco. May "preempt" either existing and/or future legislation.

- Many thought that **local Tobacco 21 policies were preempted in Michigan**.

BUT…

- **Trinity Health** partnered with **ChangeLab Solutions** to:
  - Conduct a legal analysis on local authority to enact Tobacco 21 policies in Michigan
  - Draft model legislation that minimized the risk of preemption

Doing the "Impossible"

Tobacco 21 in Michigan

Cindy Bruett

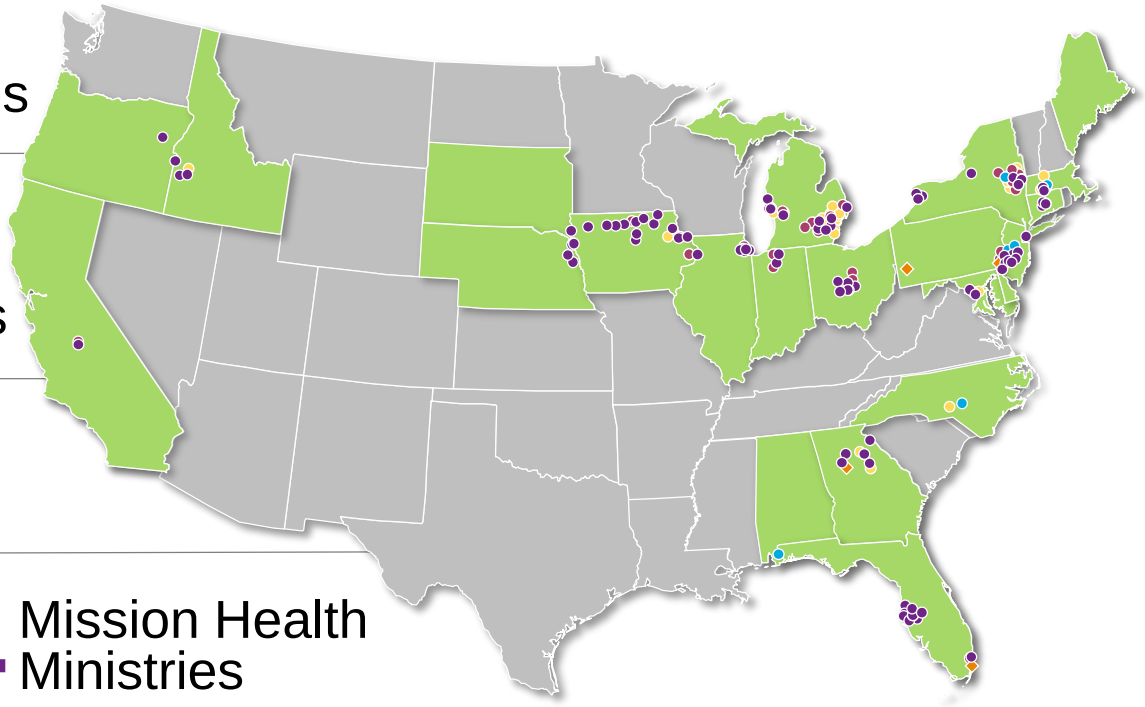
Program Consultant,
Community Health
& Well-Being | Trinity Health

Tobacco 21

A Bold New Innovation

Our 22-State Diversified Network

- **93** Hospitals* in 22 states
- **47** Home Care and Hospice Locations Serving 116 Counties
- **59** Continuing Care Facilities
- **15** PACE Center Locations
- **4** Mission Health Ministries



2.5m Home Health/ Hospice Visits

$15.9b In Revenue

$1b Community Benefit Ministry

97k Full-time Employees

24k Affiliated Physicians

5.3k Employed Physicians

Trinity Health

*Owned, managed or in JOAs or JVs.

Root Causes of Poor Health Do Not Begin In A Doctors Office…

Clinical care
(just the tip of the iceberg)

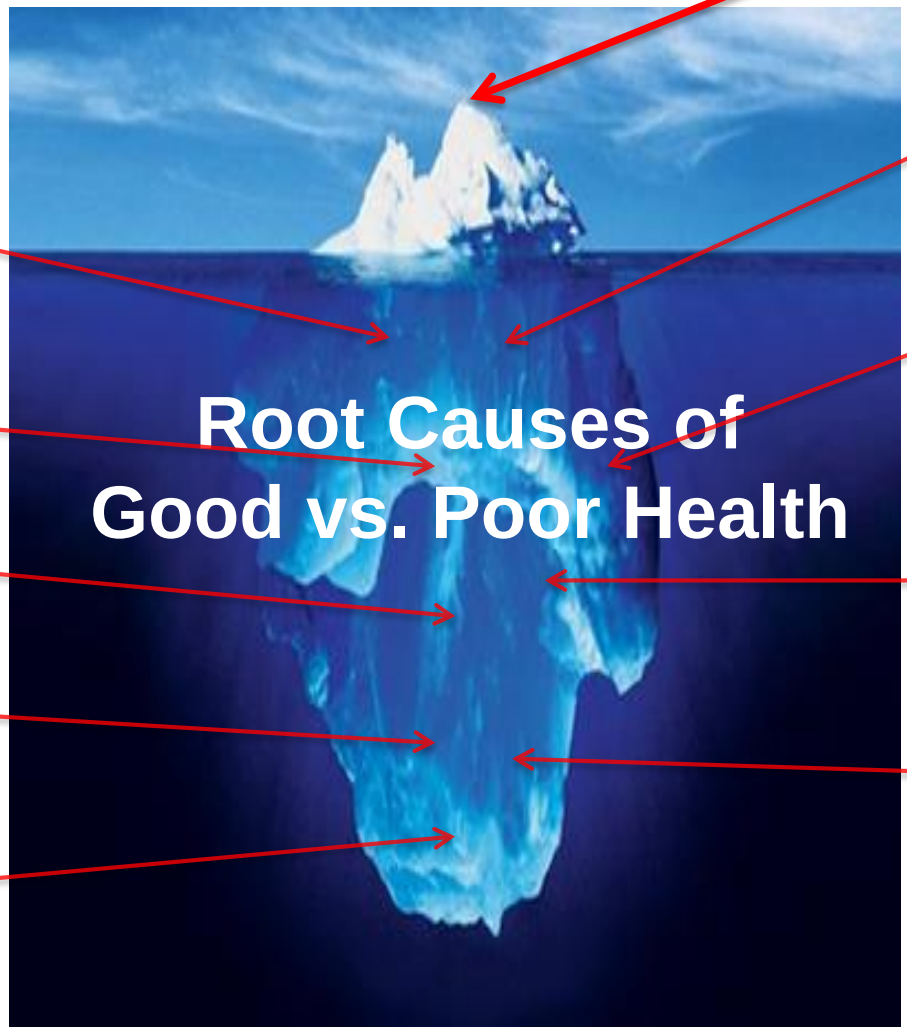
Access to healthy and affordable food

Built-environment

Race / Ethnicity

Economic opportunity

Educational opportunity



Safe places for kids to learn and play

Food and beverage environment in schools

Socioeconomic status / Income

Other social determinants of health

Trinity Health

We Are Building a "People-Centered Health System"

People-Centered Health System

Episodic Health Care Management for Individuals

Efficient & effective episode delivery initiatives

Population Health Management

Efficient & effective care management initiatives

Community Health & Well-being

Serving those who are poor, other populations, and impacting the social determinants of health

Better Health • Better Care • Lower Costs

Trinity Health

Our Strategic Plan Includes Five Focus Areas

People-Centered Care	Engaged Colleagues	Operational Excellence	Leadership Nationally	Effective Stewardship

Leadership Nationally | PEOPLE 2020 Strategic Aim:

By 2020, in 90% of the communities we serve, **smoking** and **childhood obesity** rates will be declining at a pace that exceeds the national average.

Tobacco remains the

leading cause of preventable disease and premature death in the U.S.

Tobacco use is one of the largest drivers of health care costs. Chronic diseases are the most common and costly of all health problems. They are also the most preventable.

vs. Cost to Health System for Policy Intervention

Secure | https://www.chausa.org/publications/catholic-health-world/archives/issues/september-1-2016/

CHA®
Catholic Health Association of the United States

Trinity gets behind 'Tobacco 21'

September 1, 2016

A grant from Trinity Health is the first by a major institution to assist a new national campaign to raise the age for buying tobacco products to 21.

Trinity Health of Livonia, Mich., has joined with the Campaign for Tobacco-Free Kids, an advocacy organization, to promote raising the age through changes in local, state and federal laws. Two states and more than 185 cities, many of them in Massachusetts, already require people to be 21 to buy cigarettes, chewing tobacco and other products. Federal law now requires buyers to be 18.

John Schachter, the campaign's director of state communications, said the partnership "will help support policy with medical and public health expertise. It adds great weight to our arguments."

Schachter said the campaign will use the grant to help finance efforts to create and publish educational materials, promote coalitions with local organizations and develop training for volunteer advocates. The Washington, D.C.-based campaign has five regional offices that work with state and local organizations, such as the chapters of the American Cancer Society and American Heart Association, to ban smoking in public establishments and workplaces, raise taxes on tobacco products and increase the age of purchase.

Schachter said raising the age is a relatively new part of the organization's work, which means that Trinity Health's partnership "is really going to help expand this campaign.

Members of The 84, an organization named when 84 percent of Massachusetts youth didn't smoke cigarettes, rally in Boston in March of 2012. The 84 says now 89 percent of the state's youth are tobacco free.

Trinity Health

Tobacco 21: A Movement Sweeping the Nation

We've experienced rapid and groundbreaking tobacco policy wins…
(partial list)

- March 2016: **Chicago** passes Tobacco 21 and other historic tobacco control measures
- March 2016: **South Bend** passes state's strongest smoking ban
- April 2016 : First ever **Congressional briefing** and **Albany County** passes Tobacco 21
- May 2016: **California** Tobacco 21 and other historic bills signed into law
- August 2016: **Ann Arbor** passes Tobacco 21
- September 2016: **Schenectady County** passes Tobacco 21
- November 2016: **Ingham County, Michigan** passes resolution in favor to Tobacco 21
- December 2016: **Columbus, Ohio** an especially strong Tobacco 21 law
- December 2016: **Muskegon Co., Michigan** unanimously passes Tobacco 21 resolution
- February 2017: **Genesee County, Michigan & Trenton, NJ** adopt Tobacco 21 law
- March 2017: **Idaho** votes to publish Tobacco 21 bill
- April 2017: **Maywood, Illinois** passes Tobacco 21
- June 2017: **Michigan** Tobacco 21 and sweeping youth access laws introduced
- June 2017: **New Jersey** Tobacco 21 sent to Gov. Christie for the second time

Key Partners to Help Achieve Success

Public Health
Prevent. Promote. Protect.

PREVENTING TOBACCO ADDICTION FOUNDATION

NACCHO
National Association of County & City Health Officials

ChangeLab Solutions

CAMPAIGN for TOBACCO-FREE Kids®

Preemption Claims Threaten Ann Arbor Law

Ann Arbor tobacco purchase age increase conflicts with state law, Schuette says

http://www.mlive.com/news/index.ssf/2017/02/ann_arbors_tobacco_purchase

218

Ann Arbor tobacco purchase age conflicts with state law, Schuette says

494 shares

BP gas station and mini mart on 300 North Main displays tobacco products, and makeshift signs to display the new age to purchase tobacco on Tuesday, January 3, 2017. Effective January 1, 2017, the City of Ann Arbor raised the age to purchase tobacco from 18 to 21. Matt Weigand | The Ann Arbor News

By Lauren Gibbons | lgibbon2@mlive.com
Follow on Twitter
on February 03, 2017 at 5:40 PM, updated February 03, 2017 at 6:10 PM

Print
Email

Michigan Attorney General Bill Schuette has snuffed out the city of Ann Arbor's ban on tobacco sales to people under 21.

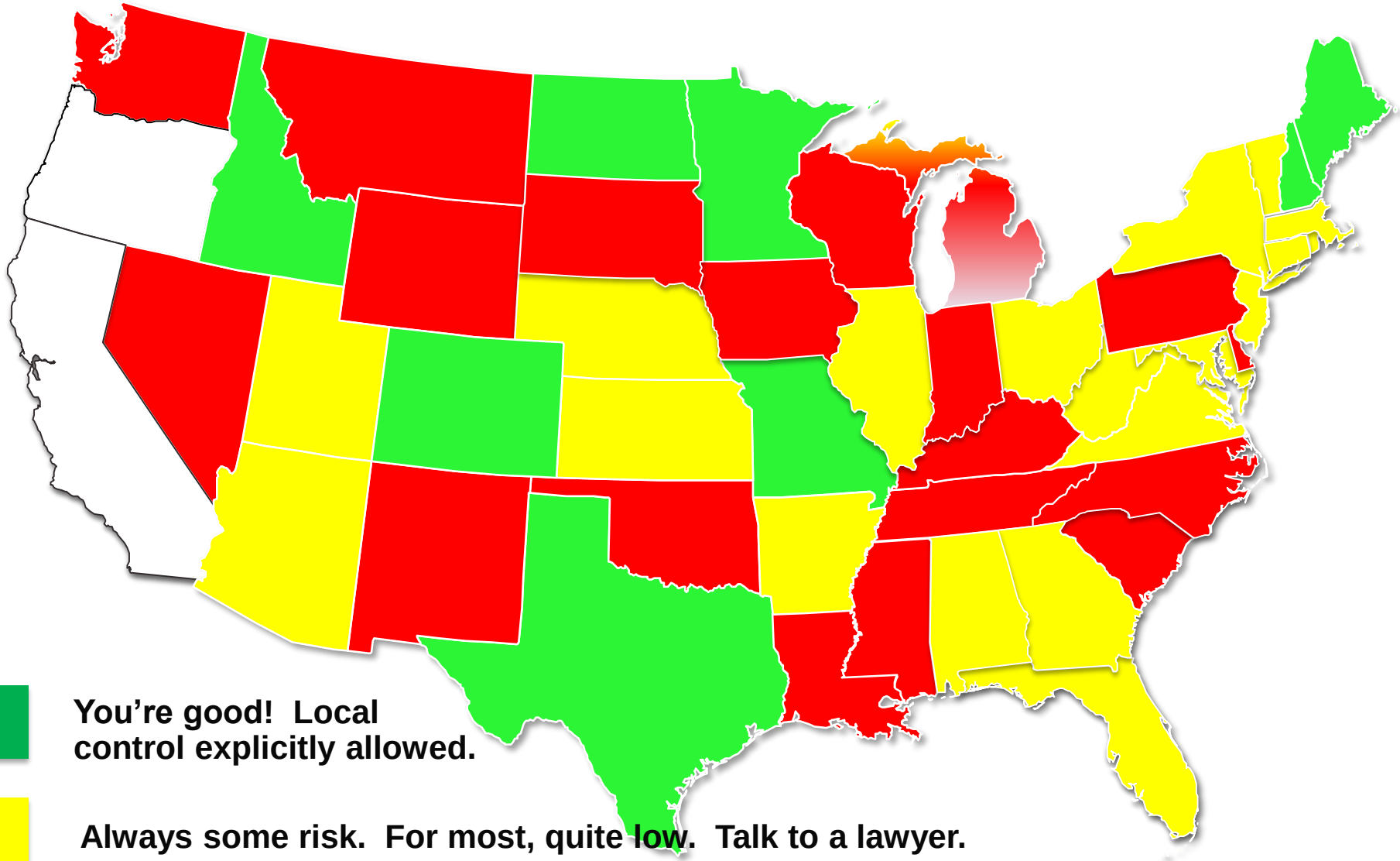
In an opinion requested by state Sen. Rick Jones, R-Grand Ledge, Schuette said the state's Age of Majority Act of 1972 preempts a city ordinance approved by the Ann Arbor City Council last summer that increased the tobacco purchasing age in the city from 18 to 21.

Ann Arbor's move to raise tobacco purchase age may conflict with state law

A proposal to increase the minimum legal age to purchase tobacco products in Ann Arbor from 18 to 21 awaits final approval from the City Council.

Trinity Health

Tobacco 21: Do you have local control?



You're good! Local control explicitly allowed.

Always some risk. For most, quite low. Talk to a lawyer.

Stay Calm. Don't Panic. Consult a lawyer. Some places, a state-wide strategy is your only option. Michigan was considered impossible. Two local laws have been passed, thanks to the investments we made in ChangeLab Solutions.

Model Legislation Basics

Prohibit sales to individuals under 21

Penalize the sale instead of the possession – hold vendors and the tobacco industry accountable

E-Cigarettes should be included

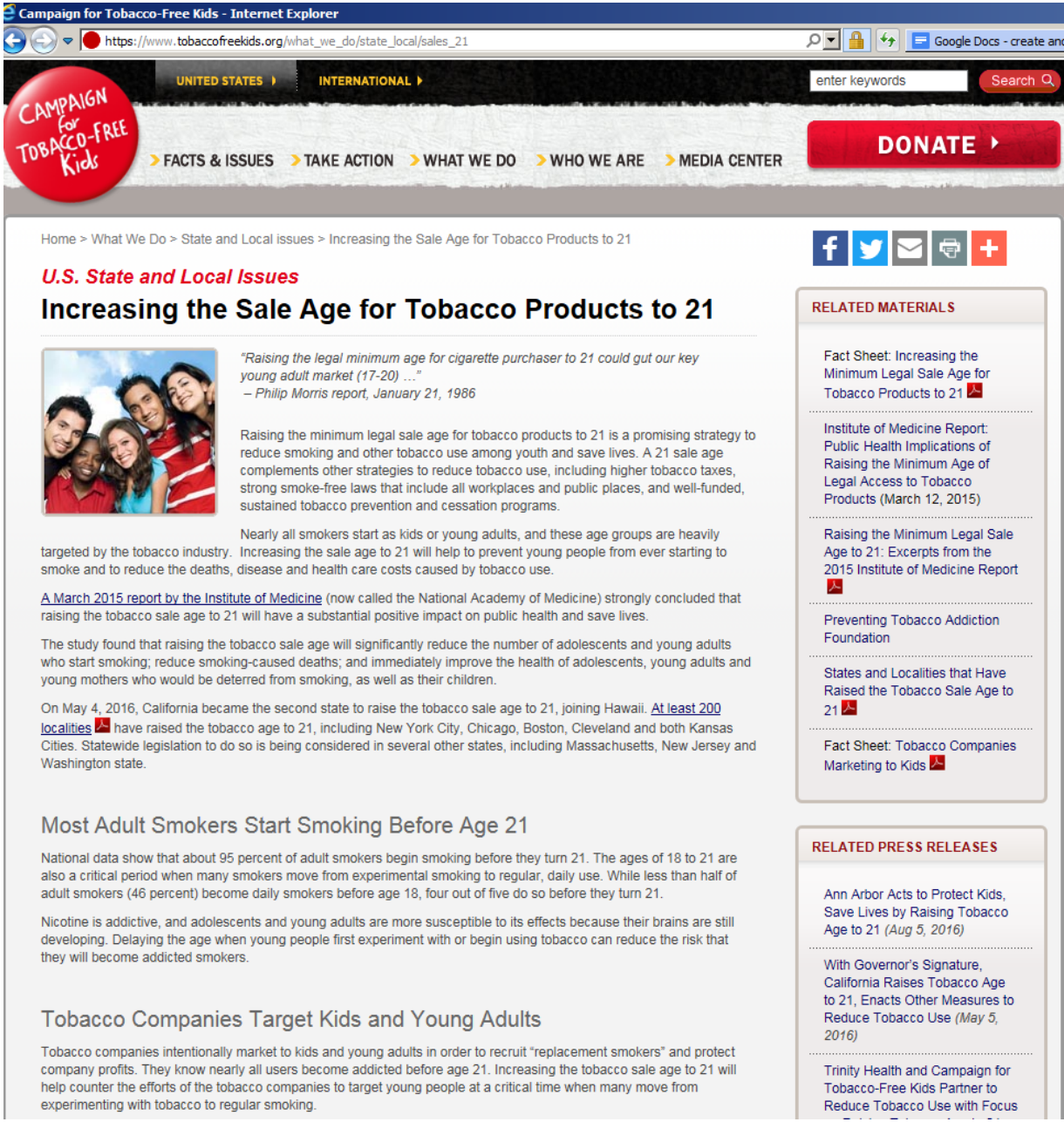
Signage

Allow time for **educational outreach** before law goes into effect

Enforcement is essential

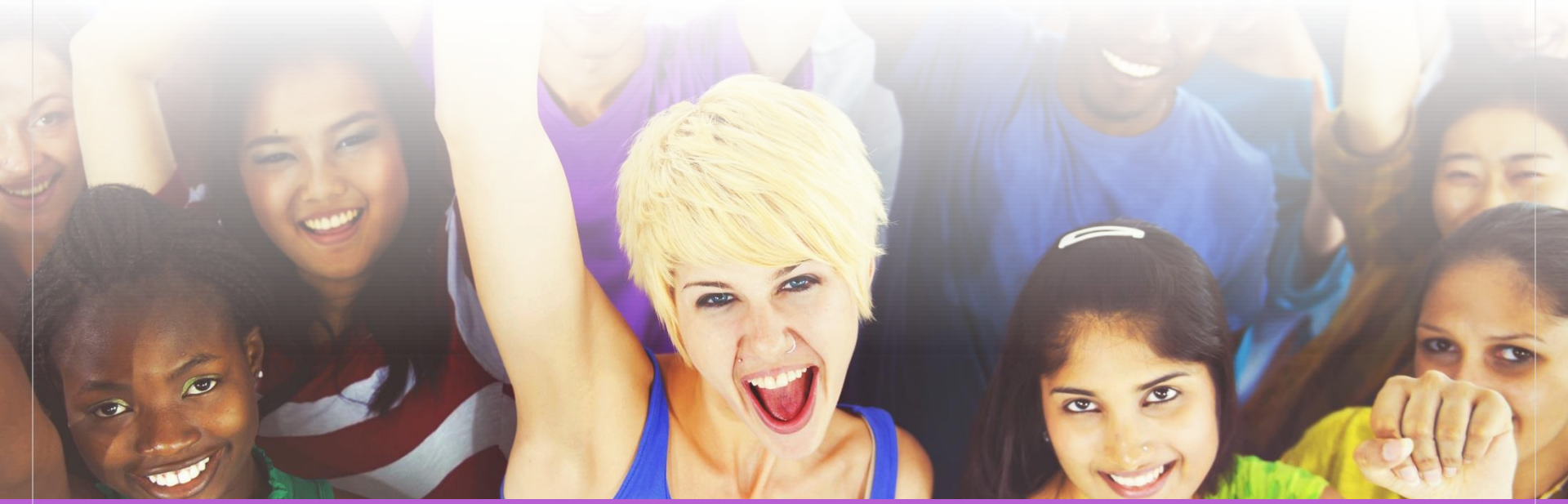
An Invaluable Resource…

Even More Resources Available…



ChangeLab Solutions

Trinity Health



Tobacco 21
A Win-Win For Everyone

Campaign for Tobacco-Free Kids®

Ruth Ann Norton

President & CEO

Green & Healthy Homes Initiative

410-534-6477 | ranorton@ghhi.org

@RuthAnnNorton

@HealthyHousing

www.facebook.com/GHHInational

www.ghhi.org

**Look for new content for hospitals, insurers and health care providers when our revamped GHHI website relaunches in August 2017!*

Addressing The Burden of Unhealthy and Energy Inefficient Homes

9M families live in unhealthy homes

Homes with environmental hazards are making their residents sick

14.4M missed days of school each year

Asthma is the top reason students miss school

14.2M missed days of work each year

Parents miss work days to take care of their sick children with asthma

Low income families spend 20% of monthly income on energy costs

VS.

3.5% in other households

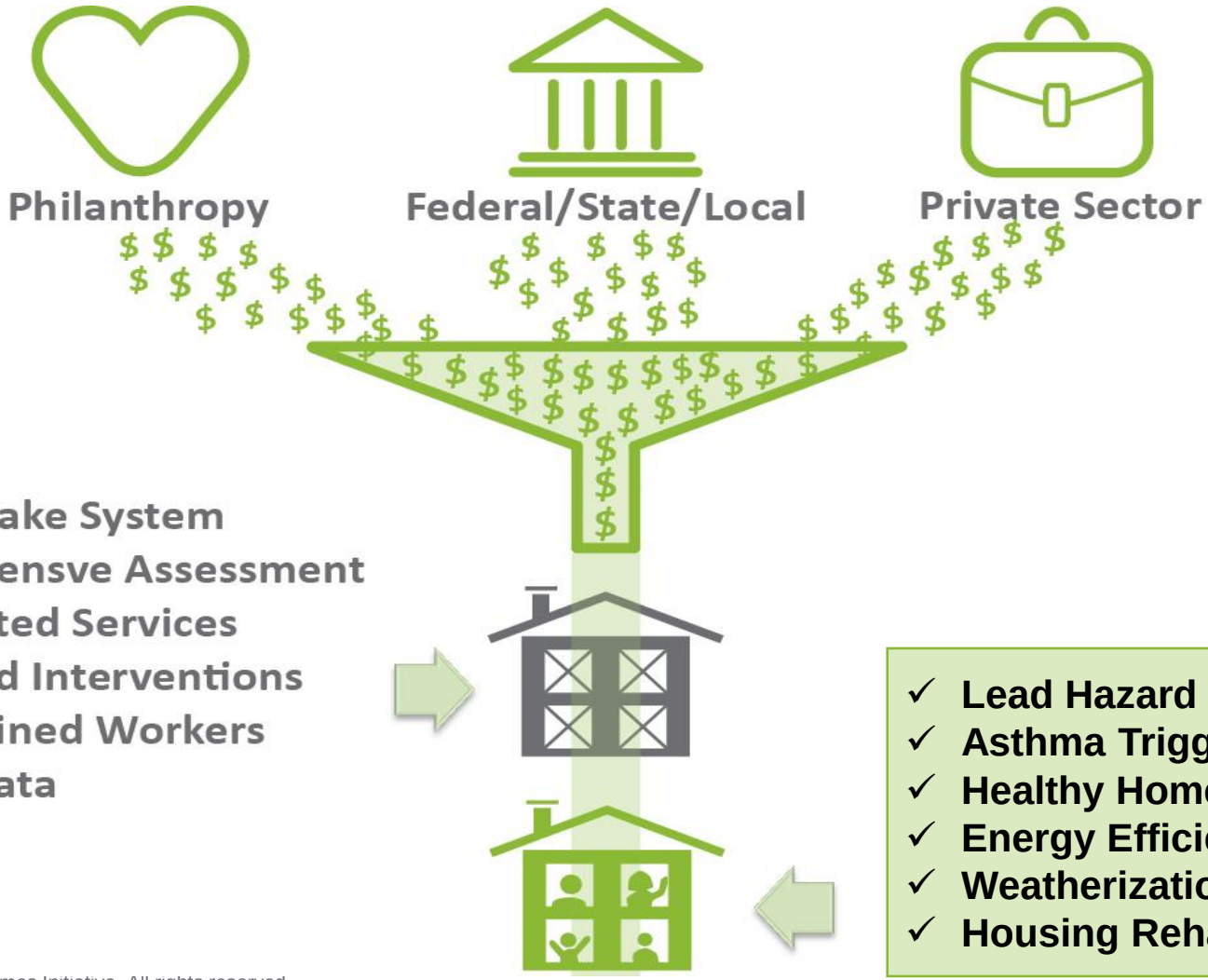
$51B+ spent on asthma

$31B+ spent on slip & fall injuries

$50.9B+ spent on lead poisoning

Over $100B in taxpayer funding is spent each year to address the impact of these hazards

The GHHI Integrated Model – Public/Private Partnerships



- Single Intake System
- Comprehensve Assessment
- Coordinated Services
- Integrated Interventions
- Cross-Trained Workers
- Shared Data

- ✓ Lead Hazard Reduction
- ✓ Asthma Trigger Control
- ✓ Healthy Homes
- ✓ Energy Efficiency
- ✓ Weatherization
- ✓ Housing Rehabilitation

The Integrated Model Producing Measurable GHHI Site Results for Asthma in Collaboration with Local Partners

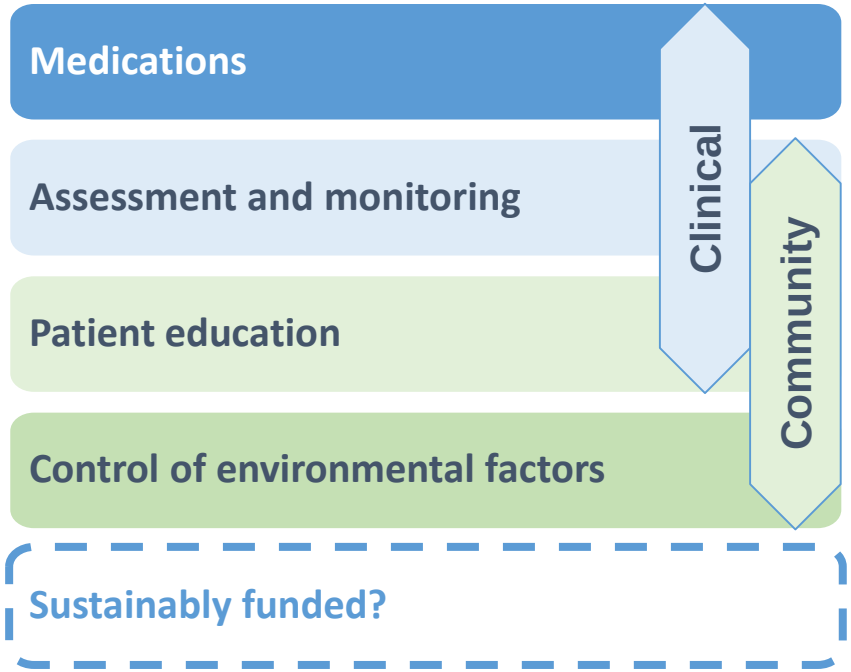
Green & Healthy Homes Initiative®

GHHI Baltimore	• **66%** reduction in asthma-related hospitalizations • **62%** increase in asthma-related perfect school attendance • 88% increase in participants reporting never having to miss a day of work due to their child's asthma episode
GHHI Philadelphia	• **70%** fewer asthma-related client hospitalizations • **76%** fewer asthma-related client ED visits
GHHI Cleveland	• **58%** reduction in asthma-related client hospitalizations • **63%** reduction in asthma-related client ED visits

* Backed by data from studies in: Baltimore, MD; Philadelphia, PA; Cleveland, OH

Asthma Programs - NIH, CDC, and EPA have reviewed asthma care and recommend four components for effective care

Four components of asthma care



Asthma programs use a community-based element to reinforce clinical interventions and also address environmental triggers for the patient and family.

Research shows that environmental control should be performed in a comprehensive manner using a multi-trigger, multicomponent approach.

Ex: Mold remediation, ventilation, removal of carpets and dust sinks for dust mites and allergens, integrated pest management

Evidence shows that healthy homes interventions can improve asthma outcomes, but some components are uncompensated.

Business Case for Funding Asthma Programs and Mitigation Interventions

- 25 million Americans with current asthma diagnosis
- 2 million ER visits; 500,000 hospitalizations
- **40%** of all incidents of asthma are attributable to asthma triggers in the home
- For every $1 spent on environmental asthma interventions there is a $5.3 to $14 return on investment in healthcare spending. *Source: HHS economic review of published studies*

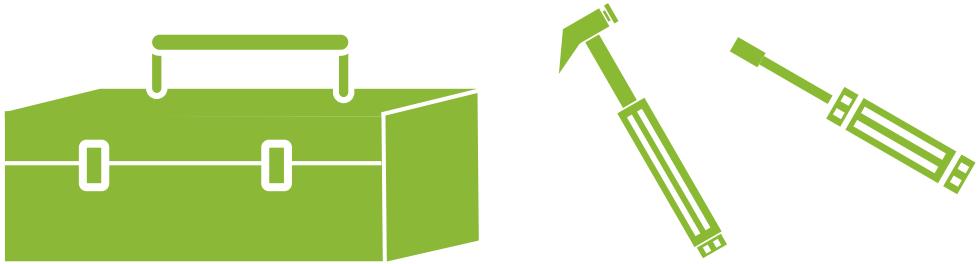
The Choice is Clear:

Continue to spend **$51 billion** annually in medical and other costs.

OR

Invest in proven prevention strategies to reduce asthma episodes.

Leading the Development of the Innovative Funding Toolbox Nationally – Building Sustainable Resources for Prevention



1) Medicaid Coverage and Rule Change

2) Waivers (MI, MD, Oregon, OH)

3) Hospital Community Benefits (Chicago)

4) Administrative Claims

5) Value-based Payments

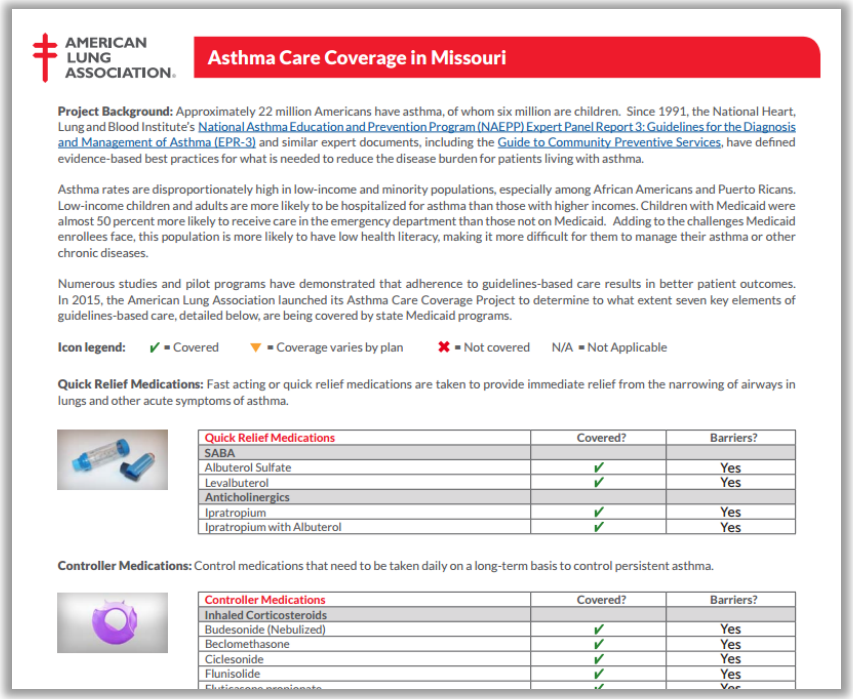
6) Value-added services

7) Pay for Success

Medicaid Coverage and Rule Change

Medicaid Coverage

Coverage of asthma care varies by state. The American Lung Association provides information about what may be covered by each state.



AMERICAN LUNG ASSOCIATION.

Asthma Care Coverage in Missouri

Project Background: Approximately 22 million Americans have asthma, of whom six million are children. Since 1991, the National Heart, Lung and Blood Institute's National Asthma Education and Prevention Program (NAEPP) Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3) and similar expert documents, including the Guide to Community Preventive Services, have defined evidence-based best practices for what is needed to reduce the disease burden for patients living with asthma.

Asthma rates are disproportionately high in low-income and minority populations, especially among African Americans and Puerto Ricans. Low-income children and adults are more likely to be hospitalized for asthma than those with higher incomes. Children with Medicaid were almost 50 percent more likely to receive care in the emergency department than those not on Medicaid. Adding to the challenges Medicaid enrollees face, this population is more likely to have low health literacy, making it more difficult for them to manage their asthma or other chronic diseases.

Numerous studies and pilot programs have demonstrated that adherence to guidelines-based care results in better patient outcomes. In 2015, the American Lung Association launched its Asthma Care Coverage Project to determine to what extent seven key elements of guidelines-based care, detailed below, are being covered by state Medicaid programs.

Icon legend: ✔ = Covered ▼ = Coverage varies by plan ✖ = Not covered N/A = Not Applicable

Quick Relief Medications: Fast acting or quick relief medications are taken to provide immediate relief from the narrowing of airways in lungs and other acute symptoms of asthma.

Quick Relief Medications	Covered?	Barriers?
SABA		
Albuterol Sulfate	✔	Yes
Levalbuterol	✔	Yes
Anticholinergics		
Ipratropium	✔	Yes
Ipratropium with Albuterol	✔	Yes

Controller Medications: Control medications that need to be taken daily on a long-term basis to control persistent asthma.

Controller Medications	Covered?	Barriers?
Inhaled Corticosteroids		
Budesonide (Nebulized)	✔	Yes
Beclomethasone	✔	Yes
Ciclesonide	✔	Yes
Flunisolide	✔	Yes
Fluticasone propionate	✔	Yes

http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-care-coverage/database/

Medicaid Rule Change

- Reimbursement for non-clinical professionals (education, case management, community health worker services)
- Services must be recommended by a licensed clinical provider (physician or RN)
- CMS must approve a State Plan Amendment (SPA)

Case Study: Missouri Legislation

Background

- Medicaid reimbursement for specialists to visit the homes of low-income patients with severe asthma for asthma education and environmental assessment of asthma triggers.
- Eligible patients identified as frequent users of ER, prior hospitalizations, or frequently prescribed oral steroids for asthmatic emergencies.
- Plan costs Missouri $524,033 in the first year with the federal government chipping in another $4.7 million in Medicaid dollars.

Reimbursement Rates

CPT Code	Code Description and Limits	Reimbursement Rate
Asthma Education		
S9441	Asthma education non-physician (MHD defines 30 minutes, one unit) Maximum one hour per year	$50.00 per unit
99401	Preventive medicine counseling, individual (MHD defines 15 minutes, one unit) Maximum one hour per year	$25.00 per unit
99402	Preventive medicine counseling, individual (MHD defines 30 minutes, one unit) Maximum one hour per year	$50.00 per unit
98960	Self-management education using standardized effective curriculum, individually, either incident to a clinical encounter or as preventive service (MHD defines 90 minutes, one unit) Maximum once per year	$100.00 per session/unit
Asthma Environmental Assessments		
S9441 modifier SC	Asthma environmental assessment, non-physician Maximum two times per year	$125 per session/unit

http://dss.mo.gov/mhd/providers/pdf/bulletin39-48_2017january27.pdf

Medicaid Waivers: Section 1115 Demonstration

How it works

- Purpose is to pilot or demonstrate projects that
  - Expand eligibility,
  - Provide services not typically covered by Medicaid,
  - Use innovative delivery systems.
- Submitted by a state to CMS (Centers for Medicaid and Medicare Services)
- Approved for 5-year period typically, must be "budget neutral"

The waiver approval process is resource intensive.

Example: State-wide Delivery System Reform Incentive Payment (DSRIP) programs

- California
- Kansas
- Massachusetts
- New Jersey
- New York
- Texas

https://www.macpac.gov/wp-content/uploads/2015/06/State-Experiences-Designing-DSRIP-Pools.pdf

Hospital Community Benefit Investments

- Non-profit hospitals are required by the IRS to make community benefit investments that are **transparent, concrete, measurable, and responsive** to community needs.
- A Community Health Needs Assessment (**CHNA**) is conducted every 3 years by the hospital, which then adopts an implementation plan.
- Community benefit investments can encompass **"physical improvements and housing" and "environmental improvements."**
- Services not included in the CHNA can still be supported by community benefit funds.

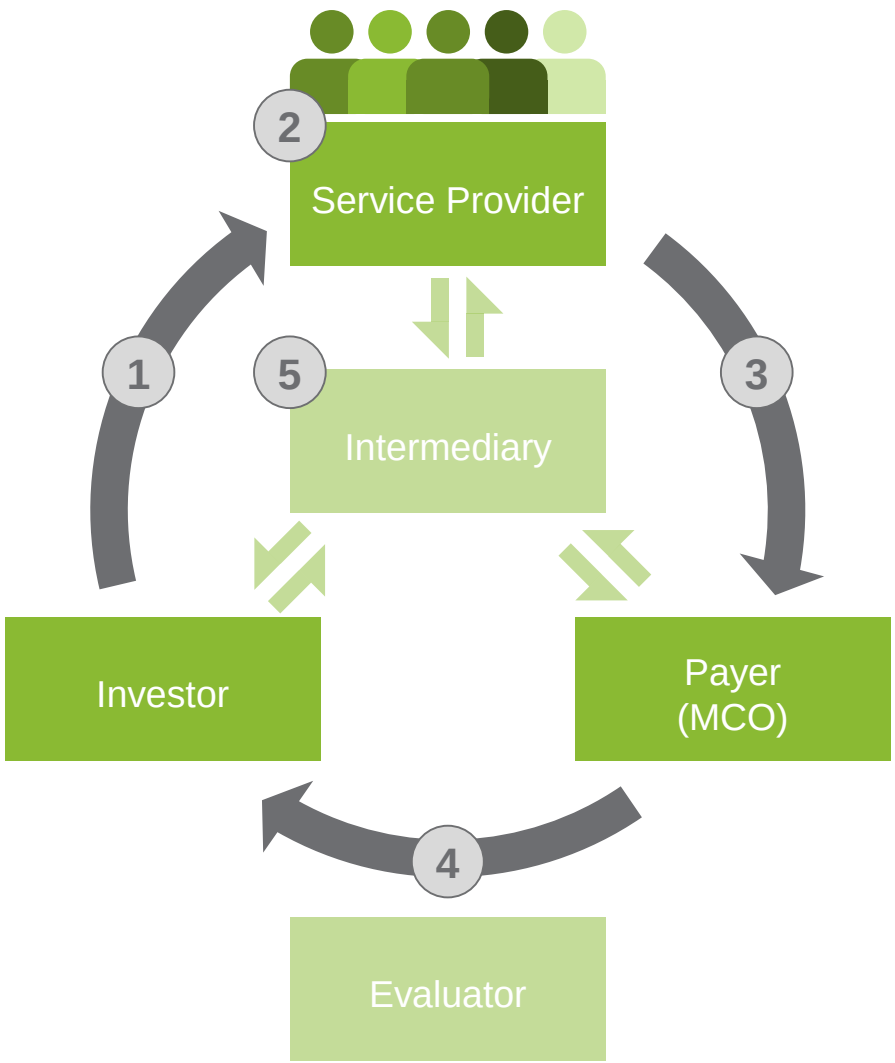
State profiles by the Hilltop Institute

http://www.hilltopinstitute.org/hcbp.cfm

Example: St. Joseph's Health System

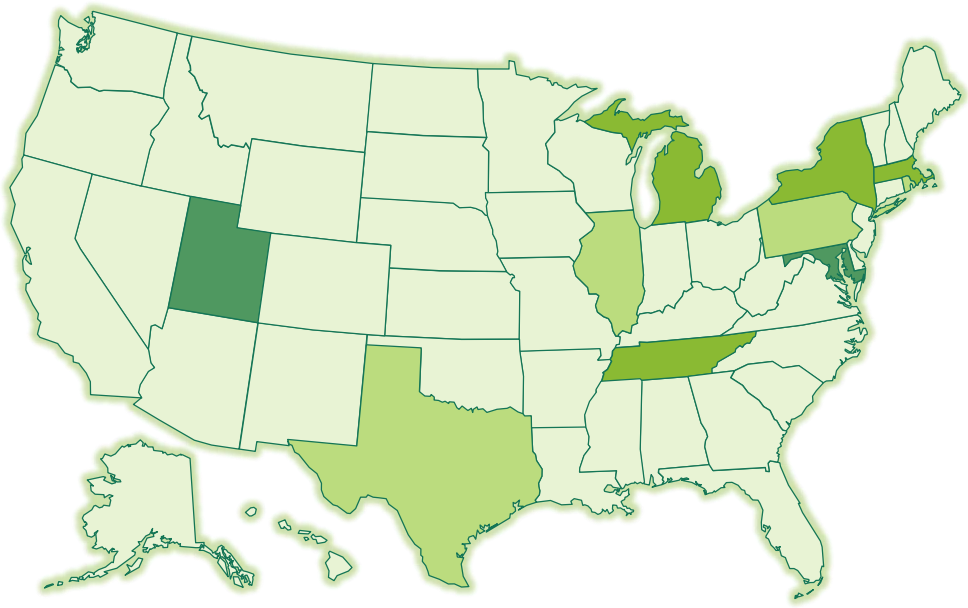
St. Joseph's Health System invested in construction of affordable housing: 81-unit development for very limited-income seniors; 23-unit development for homeless people with HIV/AIDS

Pay for Success Model



1. Investor provides upfront capital for service delivery
2. Service Provider implements intervention for target population
3. Intervention results in a benefit to the Payer, usually measured in cost saving
4. Payer returns capital to Investor if outcomes are met, often verified by an independent evaluator
5. An intermediary may provide project- and financial-management services

GHHI Asthma Pay for Success - Opportunities to partner with hospitals, insurers and providers



Funders of asthma PFS feasibility studies:

Corporation for National & Community Service

Robert Wood Johnson Foundation

Feasibility ongoing

- Chicago (Presence Health)
- Houston (UnitedHealthcare)
- New York City (Affinity Health Plan)
- Philadelphia (Health Partners Plans)
- Rhode Island (State Medicaid)

Feasibility completed

- Buffalo (YourCare Health Plan)
- Grand Rapids (Spectrum Health)
- Memphis (Le Bonheur Children's Hospital)
- Springfield (Baystate Health)

Transaction structuring

- Baltimore* (Johns Hopkins Medicine)
- Salt Lake City (U. of Utah Health Plans)

Three examples for increasing asthma impact

Hospital building links to local community partners

Le Bonheur will be partnering with Habitat for Humanity to provide comprehensive housing services and local university to support legal-service needs.

Hospital partnering with local governments

St. Christopher's works with local community partners and the Department of Health to amplify impact through public resources.

Hospital investing in preventing uncompensated care

Saints Mary and Elizabeth will be using grants and community benefit dollars to fund programs that prevent uncompensated care.

Le Bonheur is coordinating resources and services to meet the needs of high-risk pediatric asthma patients

- ✓ Medications
- ✓ Assessment
- ✓ Education
- ✓ Environment
- ✓ Sustainability

Asthma home-based education
Le Bonheur will provide in-home asthma resident education services.

Asthma environmental remediation
Leveraging support, Habitat conducts a comprehensive assessment and remediates asthma triggers in the home.

Legal support
The Medical-Legal partnership at the University of Memphis then supports the families in their legal needs.

Sustainability
The partners are engaged with GHHI in a PFS feasibility study to make program funding sustainable for Medicaid patients.

St. Christopher's is partnering with the local health department to ensure government integration and leveraging

St. Christopher's Hospital for Children

TENET

HPP

Health Partners Plans

- ✓ Medications
- ✓ Assessment
- ✓ Education
- ✓ Environment
- ✓ Sustainability

Asthma education/Intervention
Hospital partners with Health Department Healthy Homes Program to provide comprehensive housing intervention services and support resident education.

Sustainable financing
HPP is engaged in a PFS feasibility study to develop an alternative payment model for high-risk asthma patients in their Medicaid managed care plans.

PDPH
PHILADELPHIA
Department of Public Health

Managing community resources
Partners at the city are managing community resources to align, braid, coordinate resources to meet the community needs for environmental asthma trigger reduction, lead hazard reduction and healthy homes issues.

- **70%** fewer asthma-related client hospitalizations post intervention in pilot

Presence Health is looking to invest community benefit dollars to prevent uncompensated care losses in the future

- ✓ Medications
- ✓ Assessment
- ✓ Education
- ✓ Environment
- ✓ Sustainability

Presence®
Saints Mary and Elizabeth Medical Center

ELEVATE ENERGY
Smarter energy use for all

Sustainable Medicaid Funding
Building an evidence-based program with community partners . The Medical Center has completed a PFS feasibility study with GHHI on sustainable funding and are recruiting managed-care plans to participate in alternate payment models.

Leveraging Community Benefits to Prevent Uncompensated Care
Saints Mary and Elizabeth Medical Center is also directly investing their community benefit dollars to prevent uncompensated care needs in the community among the self and uninsured populations including asthma hospitalizations If they prevent future medical needs, they can reinvest the benefit dollars to scale the program. Leveraging energy efficiency investments.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QUESTIONS

Thank you!

Kate Blackburn
Senior Program & Policy Analyst
Nemours
kate.blackburn@nemours.org

Derek Carr, JD
Staff Attorney
ChangeLab Solutions
dcarr@changelabsolutions.org

Cindy Bruett
Program Consultant, Community Health and Well Being
Trinity Health
cindy.bruett@trinity-health.org

Ruth Ann Norton
President & CEO
Green & Healthy Homes Initiative
ranorton@ghhi.org