

## *Sustainable Funding for Healthy Communities* **Local Health Trusts: Structures to Support Local Coordination of Funds**

### **Executive Summary**

In the wake of enactment of the Affordable Care Act, the Trust for America's Health (TFAH) began a series of convenings to define practical steps and policies to improve population health and reduce health disparities. With support from the Robert Wood Johnson Foundation, The California Endowment, the W.K. Kellogg Foundation and the Kresge Foundation, TFAH has brought together national experts and local innovators to identify policies and practices to advance population health models that both address the complex social needs of individuals and incorporate community-based prevention, which has the potential to advance equity and improve the health of all Americans.

As TFAH continues to explore the “how” of system transformation to improve population health, sustainable financing repeatedly arises as a critical barrier, not only because of the lack of predictable resources, but also because of misaligned incentives and silo-ed funding streams that undermine efforts to take a sustainable, holistic, and community-wide approach. The ability to tap into and coordinate various funding streams emerged as a key strategy for financial sustainability, and has thus been the focus of TFAH's most recent phase of work, beginning in 2014.

TFAH's April 2016 convening focused on how to financially sustain community health improvement efforts. The key takeaways below include both suggestions for what needs to happen at the community level and policy recommendations to facilitate the coordination of various funding streams to drive outcomes and sustain population health initiatives over time:

- 1. Infrastructure -- an integrator, backbone, or quarterback -- is needed to lead and manage multi-sector population health initiatives. An already established organization or partnership can fulfill this role, or a new entity may emerge.**
- 2. Population health initiatives need the capacity to coordinate various funding streams to ensure sustainability. This capacity may exist or it can be built either as part of, or separate from, the integrator.**
- 3. A formal fiscal intermediary, such as a *local health trust*<sup>1</sup>, can provide the needed financial capacities to coordinate various funding sources.**

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<sup>1</sup> The use of the word “trust” is intended to describe the concept of a local organization that has the financial capacity to braid funds. It is not intended to describe a legal trust.

4. **Government, foundations and other funders should invest to build capacity in the required infrastructure, particularly the integrator and the trust functions.**
5. **The federal government can promote funding coordination through strategies such as creation of interagency teams, joint funding of programs with common outcomes, waivers to reduce reporting requirements and grant preferencing. The federal government could certify “local health trusts” and provide flexibilities in recognition of this funding coordination capacity.**
6. **Technical assistance, coaching, and other support are critical for multiple players to build the capacity to coordinate multiple funding streams.**

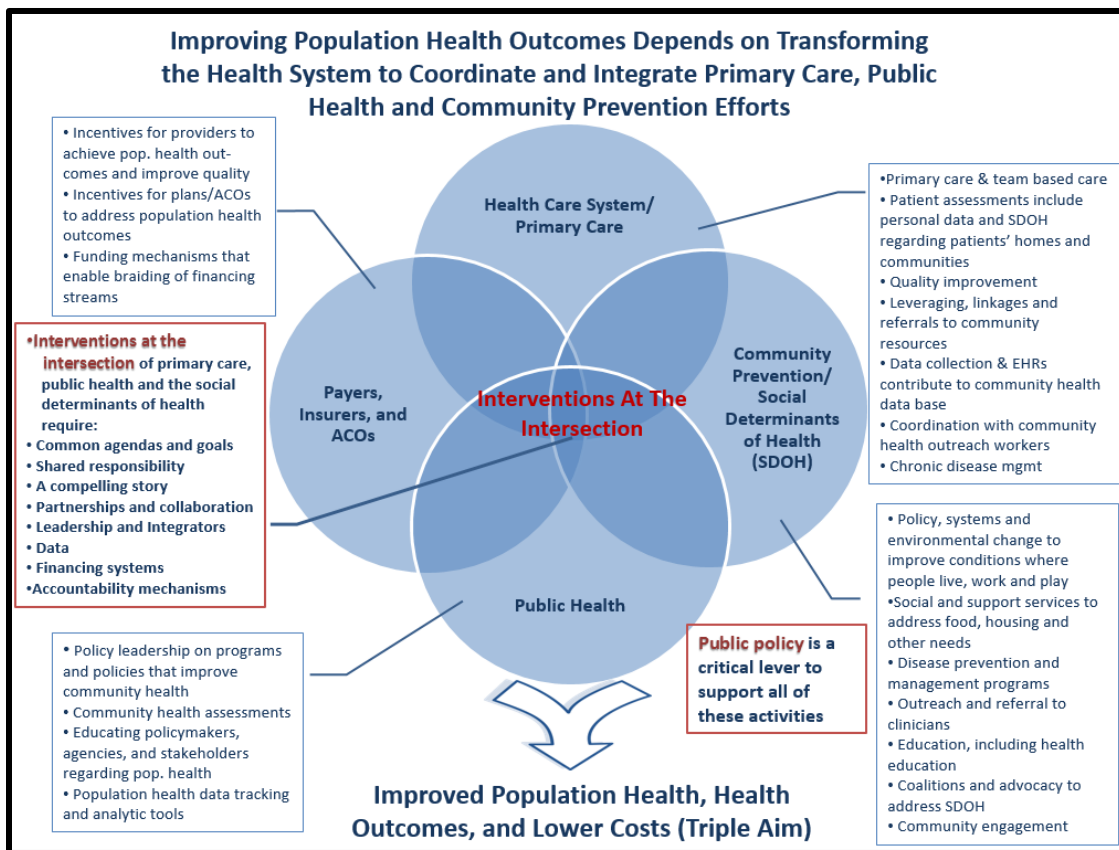
## **Defining Population Health Improvement**

While there is no single model or approach to achieve system transformation, several common elements for what constitutes a population health initiative emerged from TFAH’s convenings. A population health initiative:

- Prioritizes improvement in the health of a population and in health equity;
- Partners with multiple sectors to create a broad coalition that can exert influence from the top down (community leaders) and bottom up (local neighborhoods);
- Redesigns processes and systems to transform care, focusing on linking clinical care with community prevention and social services;
- Demonstrates results: improved outcomes, reduces disparities, evidence of utilization reduction, and health care cost savings;
- Invests in prevention, including addressing upstream factors in community health through policy, systems and environmental change; and
- Is supported by an integrator that convenes and coordinates partner organizations and residents.

During these discussions, TFAH sought to understand the roles and functions of health care providers, health care payers and insurers, public health, and community prevention efforts and organizations that address various social determinants of health. Successful interventions at the intersection of all these players have an integrator, a common agenda and goals, partnerships and collaboration, shared responsibility, data and financing systems, transparent communications and accountability mechanisms.

**Figure 1. Improving Population Health Outcomes**



With regard to financing, it became clear that coordination of multiple funding streams was a key strategy for financial sustainability. Braiding is coordinating funding and financing<sup>2</sup> from various sources to support a single initiative or strategy, generally at the community or program-level. Braided funds remain in separate and distinguishable strands, to allow close tracking and accounting of expenses related to each separate funding source. Blending, in contrast, maximizes programmatic flexibility by combining different revenue streams into a pooled fund such that expenses can no longer be traced to their original source. TFAH’s convenings, and this summary document, focus on braiding as a strategy for sustaining population health initiatives.

TFAH held a convening in 2015 to specifically investigate braiding, and asthma was used as a case study to explore the various ways communities coordinate funding from a variety of sources in different sectors. Key findings from that convening included<sup>3</sup>:

- Strategic management of multiple funding streams can help take a population health improvement program to scale.
- Coordinating funds can be cumbersome, but it also brings significant value and benefits.

<sup>2</sup> Funding refers to operating or program funds provided by a government, philanthropy or other entity free of charge, without any requirement to pay back the capital. Financing refers to an amount of capital loaned to an organization with an expectation of repayment at a certain interest rate.

<sup>3</sup> <http://healthyamericans.org/assets/files/Asthma%20meeting%20Summary%20FINAL.pdf>

- An integrator (and trust among the partners the integrator convenes) is critical—and must be supported—to manage multiple and complex funding streams.
- New methods—beyond a traditional Return on Investment model—are needed for determining impact, since population health efforts often involve investments from one sector that benefit another sector.
- Identification of a standard set of data requirements could streamline data collection and sharing efforts.
- The infrastructure built for one program, like asthma, can be a platform for other population health initiatives, which can broaden the funding base to support it.
- Federal, state, and private payment reforms and policy changes can facilitate and incentivize braiding.

## **Summary of 2016 Convening Sustainable Funding for Healthy Communities Local Health Trusts: Structures to Support Local Coordination of Funds**

The goals of the 2016 convening built upon the previous learning to:

1. Understand current strategies for local coordination of funds to support community prevention initiatives to improve population health;
2. Identify the individual skills and organizational capacities needed to manage complex funding at the local level; and
3. Identify the roles and functions required to coordinate funds at the local level as well as the potential structures and policies to support those roles.

Two organizations – Family League of Baltimore and Sojourner Family Peace Center –presented case studies to share the realities and experiences of local efforts to sustain and scale prevention and population health initiatives by coordinating funds. Based on the presentation of these cases, participants identified key **capacities for entities that coordinate multiple funding streams**.

These organizations must:

- Be driven first and foremost by their vision which is developed with and embraced by the community;
- Be a trusted entity in the community with a stable presence and built-up capacity that gives them “staying power” and the ability to change mindsets and to handle complexity;
- Demonstrate creativity in achieving goals and in the use of resources;
- Demonstrate cross-sectoral engagement, partnership- and coalition-building, including by communicating in a transparent, engaging and relevant way;
- Convey the message about the value created with funders; and
- Be sustainable, beyond the one-off charismatic leader (which requires technical assistance, coaching, succession plans, etc.); and employ non-traditional thinkers and those with financial acumen to manage both traditional and new funding sources and financing vehicles.

<p style="text-align: center;"><b>Family League of Baltimore</b>  <a href="http://familyleague.org">http://familyleague.org</a></p> <p>Family League of Baltimore, started in 1991, is a local management board with the mission that “By 2030, all children in Baltimore will be born healthy, succeed in school, graduate high school and transition into higher education and the workforce.” Family League braids funds from about 40 different sources, and 93 percent of this funding is from government sources.</p> <p>In turn, Family League funds a variety of community organizations (80 percent of its money is distributed to other organizations in the form of direct grants, 10 percent is used to provide technical assistance/coaching and other support, and 10 percent goes towards administrative costs).</p> <p>Family League focuses on strengthening organizations, leading collaboration, and influencing systems across a number of health and education focused projects.</p>	<p style="text-align: center;"><b>Sojourner Family Peace Center</b>  <a href="http://familypeacecenter.org">http://familypeacecenter.org</a></p> <p>Sojourner, originally founded in 1975, is the largest nonprofit provider of domestic violence prevention and intervention services in Wisconsin. The new Sojourner Family Peace Center, which opened in February 2016, provides a broad array of co-located services, including crisis housing, emergency services, law enforcement, assessments, counseling, and referrals.</p> <p>The new Center was financed through innovative methods including leveraging of New Market Tax Credits, community benefit dollars and other support from the Children’s Hospital of Wisconsin, and money from a State Building Commission matching grant.</p> <p>Sojourner braids funds from public sources (federal, state, county and city funding) (42 percent), United Way (9 percent), and private sources (48 percent).</p>
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## **Building the Capacity to Coordinate Funding for Community Health Improvement**

Through the presentations and subsequent discussions, six takeaways emerged that can inform both practice and policy development with the goal of building capacity to coordinate funding to achieve better population health outcomes.

- 1. Infrastructure -- an integrator, backbone, or quarterback -- is needed to lead and manage multi-sector population health initiatives. An already established organization or partnership can fulfill this role, or a new entity may emerge.**

Building the capacity to conduct multi-sector work requires a dedicated and resourceful integrator entity that convenes a broad coalition of committed partners to develop a strategy for health improvement. Leadership with the vision and courage to champion change is key: to shift mindset from output-oriented to outcome-focused, to work with funders in a relational rather than transactional manner, and to stimulate a new way to define success, identify measures and implement programs.

**2. Population health initiatives need the capacity to coordinate various funding streams to ensure sustainability. This capacity may exist or it can be built either as part of, or separate from, the integrator**

Financing and funding cannot be focused solely on providing discreet programs, services or systems change interventions, but must take into account the cost of doing business at a cross-sectoral, population level. Currently, most non-profits do not have adequate resources for administration, substantial reserves or the capacity to respond to new incentives, for example, financing from CDFIs. Getting organizations to a point where they have the capacity to seek, accept, and manage large amounts of financing or funding from different sources requires infrastructure investment from government or foundations. Convening participants felt that building the capacity to serve as an integrator and/or *local health trust* requires a base level of funding, at approximately \$500,000 annually. Additionally, grants and other funding should allow for more than 10 percent in administrative costs, given the need to build lasting capacity to conduct effective community-wide work.

**3. A formal fiscal intermediary, such as a *local health trust*, can provide the needed financial capacities to coordinate various funding sources. The federal government could certify such intermediaries and provide flexibilities in recognition of this capacity.**

TFAH proposed one possible model for a formal fiscal intermediary that would fill the fiduciary role of managing multiple funding streams, called a *local health trust*. Coordinating traditional and new funding/financing sources and engaging in cross sector-work can require creative legal agreements between partnering organizations, navigating complicated tax credit processes, robust data collection/evaluation capacity, organizational change management, thinking beyond one's own department or organization (a culture of collaboration), a willingness to adapt and improvise, etc. - all of this requires entrepreneurial, creative and persistent personnel with bold vision, strong relationship skills, and deep expertise in their respective fields (law, finance, business, data management, and so on).

**Key functions of a local health trust include:**

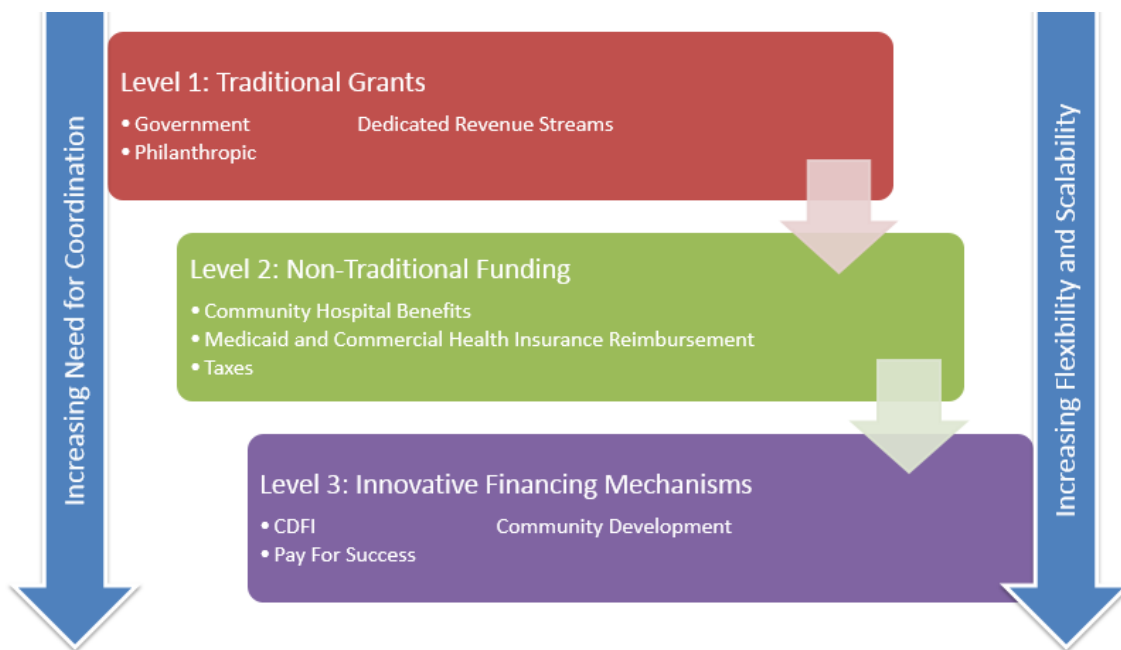
- Providing fiduciary oversight and management to coordinate multiple funding sources to support community health improvement initiatives;
- Identifying and leveraging new funding sources and financing vehicles that are not typically coordinated (such as non-traditional, innovative funding streams as depicted in Figure 2 below); and
- Governing the prioritization of spending on evidence-based interventions for community health improvement to ensure accountability to the target community.

A number of existing organizations could serve as their community's *local health trust*, depending on the community's needs and assets and the organization's capacity, as well as the willingness of the community and other local organizations to entrust this existing organization with the fiduciary role. Existing organizations that could fulfill a *local health trust* role include hospitals, Federally Qualified Health Centers, Community Development Corporations, Community Development Financial Institutions (CDFIs), nonprofit organizations, the local

United Way, and community foundations. Family League of Baltimore is one example of a formal fiscal intermediary, bringing in funds from dozens of sources and using those funds to support a variety of local organizations serving children and families, through direct grants as well as technical assistance and coaching. In some cases, especially if state level funding streams are identified, state level health trusts could fulfill a complementary function and help to seed local activities more uniformly.

The federal government could certify *local health trusts* and provide certain flexibilities in recognition of this financial capacity, such as waiving certain grant reporting requirements or allowing the use of a common needs assessment or report across various grant programs, aligning outcome measures, or granting preference for specific funding applications (see #5 below).

**Figure 2. Non-Traditional Funding Streams Bolster Financial Sustainability**



## **Leveraging Capital through Community Development Partnerships**

Community Development Financial Institutions (CDFIs) were created to generate economic growth and opportunity and revitalize neighborhoods in low-income, underserved communities by improving access to financial services, affordable credit and investment capital through a range of financial services and products not available from conventional capital markets, often paired with education, training, and technical assistance. The U.S. Treasury Department certifies CDFIs, which can include banks, credit unions, loan funds and venture capital funds. There are around 1,000 CDFIs operating around the country, managing well over \$30 billion in assets.

There is growing interest in how CDFIs and other community development partners can improve health outcomes in low-income communities. CDFIs have helped support the creation and expansion of community health centers, healthy food financing initiatives, and other efforts that contribute to health including quality, affordable housing and child care.

Discussion during the convening established that while CDFIs cannot solve the funding problem (i.e., lack of sustainability for community prevention/population health initiatives), they *can* help solve the financing problem (i.e., providing capital at the moment it is needed). There is also a huge opportunity for CDFI involvement in health given the increasing focus on value-based payment, as well as increasing efforts to channel non-profit hospital community benefit dollars into community prevention efforts. While the Community Reinvestment Act (which encourages banks to meet the credit needs of low-income communities and serves as the primary source of capital for CDFIs) may not translate directly into health, it is worth considering possible parallels and how hospitals could be incentivized to channel their investments and community benefit dollars towards community prevention.

#### **4. Government, foundations and other funders should invest to build capacity in the required infrastructure, particularly the integrator and the trust functions.**

The federal government and other funders should make a concerted effort to build the capacity necessary to coordinate a diverse array of funding streams. It is critical that these investments are strategic and targeted, since if they are not, certain communities may not have this essential capacity and health inequities may be exacerbated. There are several key actions and establishment of critical components that can contribute to building this capacity, as outlined below.

#### **5. The federal government can promote funding coordination through various strategies.**

There are a number of steps the federal government could take to promote the local coordination of multiple federal funding streams and strategic investment in outcomes, including:

- Establish a mechanism for agencies to work together to determine common outcomes that are central to people's wellbeing and applicable across communities and, thereby, reduce the need for grantees to conduct extensive process measurement.



- Put in place processes and tools to make funding coordination easier, such as:
  - Waiver Criteria – reducing reporting requirements for grantees braiding federal funds from different sources and meeting certain outcomes (e.g., Performance Partnership Pilots<sup>4</sup>);
  - Preferencing – making it easier for grantees demonstrating certain capacities to access federal funds (e.g., Promise Zones<sup>5</sup>);
  - Certification – providing a stamp of approval to local organizations with the capacity to manage multiple federal funding streams, so they can be automatically eligible for aforementioned waiver criteria and/or preferencing options;
  - Office of Management and Budget Uniform Guidance – enabling grantees to proactively request reduced reporting requirements when receiving multiple federal funding streams; this opportunity currently exists but has not yet been used.<sup>6</sup>
- Streamline procurement and revamp federal and state appropriation processes to facilitate the coordination of funds.
- In addition to making funding coordination easier, federal government processes should ideally allow flexibility for local relevance and account for the fact that different communities might want to coordinate different funding streams, since communities will prioritize different health and social issues and have differing strategies to address them.

For all of these potential steps, the Centers for Medicare and Medicaid Services may be a potential early adopter and catalyst, given that the Center for Medicare and Medicaid Innovation has the authority to test innovative healthcare payment and delivery system reforms that are not typically available without waivers (particularly given the current shift to value-based care and interest in pay for outcomes approaches).

## **6. Technical assistance, coaching, and other support are critical for multiple players to build the capacity to coordinate multiple funding streams.**

Technical assistance, coaching, and other support is necessary both on-the-ground at a local level and among funders, including the federal government, philanthropies, and others, to build the capacity to tap and manage multiple funding streams. Investing in local leadership is critical to ensuring that community organizations develop the necessary capacities to weave together financing and funding from traditional and non-traditional sources in a way that helps sustain population health and community prevention efforts. This investment could include providing the financial support for administrative costs mentioned above, as well as specific grants and

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<sup>4</sup> Performance Partnership Pilots for Disconnected Youth offer a unique opportunity to test innovative, cost-effective, and outcome-focused strategies for improving results for disconnected youth. Legislation in 2014 provided a number of agencies the authority to give grantees additional flexibility in using discretionary funds across multiple Federal programs. - See more at: <http://youth.gov/youth-topics/reconnecting-youth/performance-partnership-pilots#sthash.Jg7mPah9.dpuf>.

<sup>5</sup> The Promise Zone designation partners the Federal government with local leaders who are addressing multiple community revitalization challenges in a collaborative way and have demonstrated a commitment to results. Promise Zone Designees receive a number of resources as well as preferences for certain competitive federal grant programs. – See more at: <https://www.hudexchange.info/programs/promise-zones/promise-zones-overview/>.

<sup>6</sup> OMB Uniform Guidance at [2 CFR 200.102](https://www.federalregister.gov/documents/2013/01/17/2013-01172).

resources for technical assistance and coaching related to securing, managing, coordinating and tracking various streams of financing and funding.

Ultimately, long-term culture change and change management efforts are needed for federal government and other funders to move beyond traditional funding mechanisms that address one disease or a single health or social issue, or that fund only organizations in a single sector. Technical assistance, coaching and other support can help facilitate this change as people adapt and sustain a new system. One example of this already underway is the Office of Management and Budget's training of federal employees to help them develop the skills to partner across agencies and create braided programs and funding streams.

## **Notable Challenges**

While the aforementioned strategies hold much potential for spreading and scaling the practice of coordinating funds to support population health initiatives, the convening discussion also pinpointed a number of challenges that remain.

- Challenges to identifying and incentivizing outcomes, including Return on Investment
  - Funders need to agree upon shared outcomes.
  - Funding and financing should be linked to performance on agreed upon outcomes, which is currently rarely the case. Finding the money needed for integrators and trusts, as described above, is only one piece of the puzzle; committing to outcomes and realigning investment around those outcomes may be even more challenging.
  - Stakeholders, especially funders and payers, need agreement on “what counts” and the level of rigor needed for measuring outcomes (randomized control trials vs. measuring target outcomes vs. relying on preexisting evidence).
  - Stakeholders also have different timing horizons and risk tolerance with respect to outcomes and return on investment.
  - The research base regarding how to capture the cost savings of multi-sector initiatives is inadequate. Additionally, capturing the non-monetized social value such initiatives produce (greater wellbeing, equity, etc.) is extremely difficult. Minimal cross-sector research is funded and data issues are a barrier to identifying and measuring cross-sector impacts (Low Impact Investment Fund's Social Impact Calculator is a step in this direction).
  
- Challenges to coordination of funding streams
  - Federal and state governments operate in siloes. These siloes are often protected by bureaucrats and advocates who fear a decrease in funding for their particular issue. Yet solutions to issues often involve working across sectors. The political will to work across sectors, and coordinate different funding streams, needs to be built.
  - Local organizations are not aware of which funding sources are available to be braided in support of community health initiatives, and which of these sources are replicable across communities/ initiatives.
  - Braiding upon a broken system will only take us so far. Underlying systems changes are needed to support collective impact efforts, align outcomes, and measure results across sectors.
  - Changing to an outcomes-focused approach requires political will from the community to engage in public policy processes to sustain change over the long term.

## **Conclusion**

The convening demonstrated that coordination of different fund streams is currently occurring and is making an impact on long-term sustainability of population health improvement initiatives. The convening also explored the capacities and skills these organizations need to successfully manage different funding streams, including non-traditional sources. It was clear, however, that much more capacity to conduct multi-sector work and coordinate funds must be developed. Establishing fiscal intermediaries, such as local health trusts, is instrumental to build this capacity. The capacity to be a fiscal intermediary exists in some communities, and can be established in other communities by building the capacity of existing organizations. New organizations are not necessarily needed.

The federal government can play a powerful role to promote this coordination, through its own processes and funding structures and by funding that capacity in existing organizations. Existing programs, including Performance Partnerships and Promise Zones, can be used as models for such efforts. Lastly, technical assistance and coaching – both for local organizations and leadership and for funders, including the federal government, is critical to building the capacity to tap and coordinate multiple sources of funding to sustain and scale population health improvement efforts.

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