

NEW HAMPSHIRE'S
PUBLIC HEALTH IMPROVEMENT ACTION PLAN

Progress Report 2011 





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New Hampshire Department of Health and Human Services
Division of Public Health Services

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Members of the Public Health Improvement Services Council have provided oversight and wise counsel to the planning process. Their commitment and insight is greatly appreciated. They are listed at the back of the report.

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Special thanks to University of New Hampshire; Masters of Public Health Candidates who interviewed workgroup chairs to document progress on each strategic priority.

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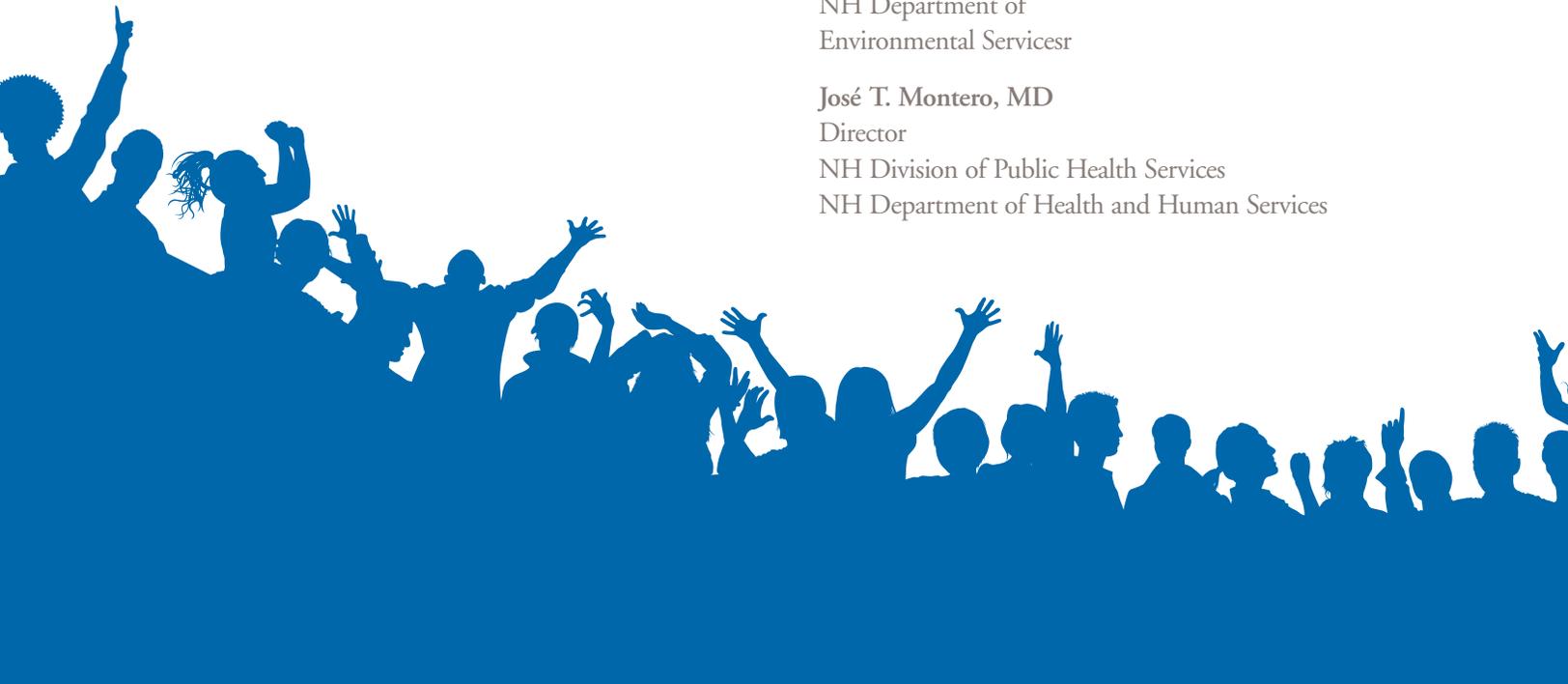


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INTRODUCTION AND PURPOSE

This report presents the strides made in reaching the six public health strategic priorities set forth in the Public Health Improvement Action Plan 2008 published by the New Hampshire Department of Health and Human Services, Division of Public Health Services. To produce the report, Masters in Public Health Students from the University of New Hampshire conducted interviews with leaders from the six workgroups convened to address the strategic priorities. Accomplishments, challenges, and considerations for the future are presented.

BACKGROUND

Taking the Pulse of the Public Health System

In October 2005, the New Hampshire Department of Health and Human Services, Division of Public Health Services (DHHS, DPHS), convened a meeting of over 100 health and human service professionals, from both public and private sectors, to assess the performance of the public health system in New Hampshire. Using the *National Public Health Performance Standards Program (NPHPSP) State Public Health System Assessment*, a diverse array of participants rated New Hampshire's capacity to carry out the Ten Essential Public Health Services. The Essential Public Health Services were developed in 1994 by national public health experts to provide consensus language and definition of the roles of public health.¹

¹ IOM (Institute of Medicine) 2003 The Future of Public Health in the 21st Century, Washington, DC, National Academy Press



The Essential Public Health Services

In Plain English

1 Monitor health status to identify health problems	What's going on in our state? Do we know how healthy we are?
2 Diagnose and investigate health problems and health hazards	Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?
3 Inform, educate, and empower people about health issues	How well do we keep all people and segments of our state informed about health issues so they can make healthy choices?
4 Mobilize partnerships to identify and solve health problems	How well do we really get people and organizations engaged in health issues?
5 Develop policies and plans that support individual and statewide health efforts	What policies promote health in our state? How effective are we in planning and in setting health policies?
6 Enforce laws and regulations that protect health and ensure safety	When we enforce health regulations are we up-to-date, technically competent, fair and effective?
7 Link people to needed health services and assure the provision of health care when otherwise unavailable	Are people receiving the health services they need?
8 Assure competent public and personal health care workforce	Do we have a competent public health staff? How can we be sure that our staff stays current?
9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services	Are we doing any good? Are we doing things right? Are we doing the right things?
10 Research for new insights and innovative solutions to health problems	Are we discovering and using new ways to get the job done?

What is Public Health?

It has been said that public health is invisible. When public health systems and professionals are working well, we hear nothing. When our drinking water and food in our restaurants is safe, our children's teeth are without cavities, fewer teens are smoking and fewer people are dying as a result of motor vehicle accidents or tuberculosis, public health has played an instrumental role. Yet defining public health remains a challenge. For the purpose of this public health improvement effort New Hampshire adopted the Institute of Medicine definition of public health:

“What we as a society do collectively to assure the conditions in which people can be healthy.”²

The American Public Health Association defines public health in more detail:

“The practice of preventing disease and promoting good health within groups of people, from small communities to entire countries. Public health professionals rely on policy and research strategies to understand issues such as infant mortality and chronic disease in particular populations.”³

What is the Public Health system?

Public health systems partners carry out much of the work of public health across the country and in New Hampshire. The **Institute of Medicine, (IOM)** defines the public health system as:

“The public health system...describes a complex network of individuals and organizations that have the potential to play critical roles in creating the conditions for health. They can act individually, but when they work together toward a health goal, they act as a system—a public health system”⁴

The New Hampshire public health system and contributors to this plan include a diverse array of partners including but not limited to: the state and local health departments, community coalitions, legislators, health associations; community health centers; community-based health, mental health and social service agencies, health care providers, insurers, philanthropic organizations, public health institutes, academic centers, related state agencies, fire and law enforcement officials, and hospitals. Thus when we set out to assess New Hampshire's capacity to deliver National Public Health Performance Standards, we assessed the collective capacity of the public health system partners, not solely the Division of Public Health Services.

² IOM (Institute of Medicine) 1988 The Future of Public Health, Washington, DC, National Academy Press.

³ www.apha.org/NR/rdonlyres/C57478B8-8682-4347-8DDF-A1E24E82B919/0/what_is_PH_May1_Final.pdf

⁴ IOM (Institute of Medicine) 2003 The Future of Public Health in the 21st Century, Washington, DC, National Academy Press

What are the National Public Health Performance Standards?

The National Public Health Performance Standards (NPHPSP) are part of a public health performance improvement program, which is a collaborative effort of seven national public health organizations. New Hampshire public health partners used the NPHPSP standardized tool to identify areas for system improvement, strengthen state and local partnerships, and assure a strong system that can respond effectively to day-to-day public health issues such as obesity and to public health emergencies such as H1N1.⁵

WHAT WE LEARNED IN 2005

Using the NPHPS tool public health partners gave the following essential services the highest rankings:

- Diagnosing and Investigating Health Problems
- Enforcing Laws and Regulations
- Monitoring Health Status

The following areas were ranked lowest:

- Research for New Insights and Innovative Solutions
- Inform, Educate and Empower People About Health Issues
- Assure a Competent Workforce
- Mobilize Community Partnerships

A full report on the assessment process and results can be found on our website at:
www.dhhs.state.nh.us/DHHS/DPHS/LIBRARY/DataStatistical+Report/publichealthassessment.htm

⁵ US Department of Health and Human Services, National Public Health Performance Standards Program, Users' Guide, April 2004

“I remember when we started this work. I felt so excited to be working with so many committed people from all over New Hampshire. I remember how concerned we all were that it would be another dust-collecting report. And I have been thrilled to see ACTION! I credit the leadership at DHHS for not letting the momentum die.”

Jeanie Holt
Masters in Public Health candidate

MOVING FROM ASSESSMENT TO IMPROVEMENT PLANNING: The Public Health Improvement Action Plan Process

The Public Health Improvement Action Plan Advisory Committee (PHIAP)

Following the assessment, the Division of Public Health Services convened the *Public Health Improvement Action Plan Advisory Committee (PHIAP)* in February 2006 to:

Guide a process to improve the New Hampshire public health system's capacity to provide essential services, with the fundamental purpose to improve the public's health.

PHIAP was co-chaired by James Squires, MD, President of the Endowment for Health and Mary Ann Cooney, then Director of the Division of Public Health Services (DPHS). The PHIAP membership included representatives of the public health community and various geographic regions of the state.

PHIAP members considered the rankings from the NPHPSP assessment along with other past and present public health initiatives and assessments to set six strategic public health priorities aimed to improve New Hampshire's public health system. Those priorities are listed below.

New Hampshire Public Health Strategic Priorities 2006–2009

(Listed in order of priority)

- Inform, educate and empower people about health issues
- Monitor health status to identify and solve community health problems
- Mobilize community partnerships and actions to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Develop a communication plan to convey the importance and value of public health
- Develop a plan to assure a competent public health workforce

Six work groups convened to develop action plans to carry out these six strategic priorities. The plans and accomplishments are presented in the following six pages.



STRATEGIC PRIORITY

Inform, Educate and Empower People About Health Issues

Broad Aim—What we set out to do.

Communicate prioritized health promotion messages to the NH population in a coordinated manner based on evidence of effectiveness.

Action Steps	Accomplishments
1 Initiate a collaborative process to assure coordination and consistent delivery of health messages.	Developed a collaborative process with the Citizens Health Initiative, (CHI) Health Promotion Disease Prevention Committee to assure coordination and consistent delivery of health messages.
2 Create tools/mechanisms to increase awareness/coordination of health promotion initiatives, such as a web-based inventory.	Administered a survey to public health partners to inventory health promotion best practices specifically addressing the concerns central to the leading cause of death cited in CHI's A Pound of Prevention (tobacco, alcohol, physical activity and nutrition). Created a website (nhphplan.org) providing access to inventory and other PHIAP information.
3 Develop a mechanism to provide training and technical assistance for providers to enable them to deliver effective and accessible health messages.	No progress to date. Considered for future action.
4 Secure expanded resources to implement this public health education plan.	No progress. Considered by the work group and no further action identified.
Items for Future Consideration <ul style="list-style-type: none">• Develop a strategy for providing on-going support and resources to market and manage the website nhphplan.org• Develop a mechanism to provide training and technical assistance for providers to enable them to deliver effective and accessible health messages.• Determine link with health care reform and key players going forward• Explore social media as a tool to deliver public health messages.	

“Through a collaborative effort of all the work group members we were able to successfully create a website, www.nhphplan.org, which increases awareness of health promotion efforts in the state of New Hampshire.”

Laura Davie
NH Institute for Health Policy and Practice

STRATEGIC PRIORITY

Monitor Health Status to Identify and Solve Community Health Problems

Broad Aim—What we set out to do.

To develop a user-driven, web-based, flexible system that can be used to access relevant public health data.

Action Steps	Accomplishments
<p>1 Create a context or framework for selecting key public health indicators to be readily available at the state and local level for decision making and program evaluation.</p>	<p>Agreed to utilize the key contributors to illness and death as initial indicators including: tobacco, alcohol, physical activity and nutrition. Also agreed to use the County Health Rankings indicators and social determinants of health as a basis to select indicators.</p>
<p>2 Identify existing data in the state and update data inventory.</p>	<p>Data inventory exists through the University of New Hampshire.</p>
<p>3 Determine a way to generate immediate reports and opportunities to improve access to data posted on a web site</p>	<p>With funds from the CDC Assessment Initiative, New Hampshire HealthWRQS, a web reporting and querying system, (nhhealthwrqs.org) now provides a library of reports and some data queries. Users can request data on-line that does not currently exist.</p>
<p>4 Create a data center in the Division of Public Health Services with defined requirements.</p>	<p>In lieu of a data center, partners are working on making data more readily available to public health data users.</p>
<p>5 Establish an ongoing data committee to address state and local data needs and strategic planning.</p>	<p>The Monitoring Health Status Workgroup will continue to serve as this ongoing public health data committee.</p>
<p>6 Create a state health profile biennially or as determined by the data advisory committee.</p>	<p>A state health profile is under development and slated for publication in 2011.</p>
<p>7 Review and refine existing data resources to meet current and changing needs.</p>	<p>It was determined that the state health profile will serve as the key data resource, that can be expanded and built upon.</p>
<p>8 Develop capacity to exchange data with systems partners via web.</p>	<p>This exists through New Hampshire HealthWRQS (nhhealthwrqs.org) and will be expanded through a data portal based on the state health profile indicators.</p>
<p>Items for Future Consideration</p> <ul style="list-style-type: none"> • Continue to expand the capacity of New Hampshire HealthWRQS.org. • Place the state health profile on the web to be followed by regional profiles. • Utilize the state health profile as the entry to a web data portal to provide easy access to relevant public health data. 	

STRATEGIC PRIORITY

Mobilize Community Partnerships and Actions to Identify and Solve Health Problems

Broad Aim—What we set out to do.

To improve the effectiveness and collaboration of community coalitions/partnerships to deliver essential public health services.

Action Steps	Accomplishments
1 Conduct an inventory of the numbers and types of coalitions and partnerships.	Developed, piloted, and evaluated a survey to inventory coalitions and community partnerships. Survey is on-line at nhphplan.org.
2 Gather information from existing networks and previous plans about partnerships, local community needs and priorities.	Completed via web-based survey.
3 Issue a call to action from the Public Health Improvement Services Council to facilitate coordination among partnerships.	The Public Health Improvement Service Council endorsed the document, A Call to Action, which recommends the support of long-term, broad-based partnerships rather than single focused collations. The Division of Public Health Services began funding prevention initiatives through Public Health Networks..
4 Mobilize local populations to support public health initiatives.	Some communities are mobilized around particular public health issues such as emergency preparedness or obesity prevention.
5 Encourage broad-based partnerships that find solutions to multiple public health priorities.	Partnerships are beginning to form in some communities, but many are still narrowly focused.
6 Identify best practices of model partnerships that work nationally and locally.	Center for Excellence established to do this for substance abuse prevention.
7 Evaluate coalitions/partnerships.	Done for some partnerships.

Items for Future Consideration

- Survey existing networks in regards to current partnerships and local community needs/priorities
- Re-implement survey of existing coalitions and partnerships
- Encourage broad based partnerships that find solutions to multiple public health priorities
- Identify best practices of model partnerships: what works nationally and locally
- Mobilize local populations to support public health initiatives
- Develop action steps which implement the objectives of A Call to Action

STRATEGIC PRIORITY

Develop Policies and Plans that Support Individual and Community Health Efforts

Broad Aim—What we set out to do.

To institutionalize a public health improvement planning process.

Action Steps	Accomplishments
1 Research what other states have done to institutionalize public health improvement planning.	Reviewed legislation of several states.
2 Identify data to show variability in state communities and to identify disparities in health status.	This will be accomplished through the state health report to be published during the winter of 2010–2011.
3 Inventory and/or visually map current local or regional public health planning processes/improvement processes.	Done through capacity assessments of the 15 public health networks.
4 Develop support for legislation for a planning process/council.	Supported the successful passage of House Bill 491 to establish the Public Health Improvement Services Council to develop and monitor public health improvement plans. Supported legislation to extend the Council through November 2010. Legislation to be introduced in 2011 to extend the Council.
5 Explore resources for plan implementation.	Secured funding from the Endowment for Health, the Centers for Disease Control and the Multi-State Learning Collaborative to assist in sustaining the planning process.
6 Sustain the planning process through stakeholder engagement, funding, and coordination with other initiatives.	Funding is noted above. Stakeholders have been primarily the Council membership. The Council has coordinated with the Strategic Prevention Framework (substance abuse prevention) and the Citizens Health Initiative.
7 Inform recommendations for public health infrastructure development.	The Council has been monitoring and making recommendations regarding the public health regionalization initiative to build local public health infrastructure.
Items for Future Consideration <ul style="list-style-type: none"> Determine the role of the Council pending possible new legislation in 2011. 	

STRATEGIC PRIORITY

Develop a Communication Plan to Convey the Importance and Value of Public Health.

Broad Aim—What we set out to do.

To communicate the importance of public health to various audiences to improve the public's health.

Action Steps	Accomplishments
1 Identify leadership and authority for the plan.	New Hampshire Public Health Association identified as the lead entity.
2 Identify target audiences.	Identified target audiences to be businesses, policy-makers, public, media, and public health stakeholders.
3 Examine research on how people perceive public health. Identify language and motivating factors for audiences.	Conducted focus groups across the state to assess perceptions of public health in New Hampshire. Reviewed national market research through the Association of State and Territorial Health Officials and others.
4 Identify effective tools and methods.	Determined that radio and newspaper should be used to reach the target audience.
5 Identify other stakeholders who are communicators that might have an interest.	Identified public health providers as partners to spread the message when materials are developed.
6 Develop core messages, logo, brand and tools.	Funding obtained to develop communication materials and place in newspapers and radio. Logo, tag line, ads, posters and PowerPoint presentations developed and disseminated. Campaign launched in the fall of 2009.
7 Evaluate the plan.	Plan evaluated through survey questions on Behavioral Risk Factor Surveillance System and through direct surveys of public health partners.

Items for Future Consideration

- The New Hampshire Public Health Association will continue to oversee the campaign.
- Seek funds to continue campaign exposure.
- Explore new strategies such as social media to expand reach of the campaign.

STRATEGIC PRIORITY

Assure a competent public health workforce

Broad Aim—What we set out to do.

To develop a public health workforce development plan to assure a competent workforce to address public health needs.

Action Steps	Accomplishments
1 Define the public health workforce.	Partially done through the public health regionalization plan for the staffing needs of a regional public health workforce.
2 Conduct an assessment of the public health workforce.	No progress. Considered by the work group and no further action identified.
3 Identify an entity to oversee workforce development.	No progress. Considered by the work group and no further action identified.
4 Create a workforce development information portal/clearinghouse.	No progress. Considered by the work group and no further action identified.
5 Develop a system for a competency-based public health workforce.	Started for health officers only.
6 Seek technical assistance to predict public health workforce needs.	No progress. Considered by the work group and no further action identified.
7 Coordinate public health training.	Agreed to encourage the use of TRAIN, a web-based public health education system, to coordinate public health trainings offered throughout New Hampshire.
8 Develop systems for recruitment and retention.	No progress. Considered by the work group and no further action identified.
Items for Future Consideration <ul style="list-style-type: none"> • Coordinate work with other initiatives including regionalization, accreditation, and training initiatives. • Renew efforts to recruit MPH students to research workforce development issues. • Explore existing initiatives that can accomplish components of the work plan such as the Public Health Training Grant at Dartmouth, the Primary Care Workforce Commission and the NH Health Profession Opportunity Project. 	

“The PHIAP is an example of a truly collaborative process where public health professionals from across the state are working towards a common goal of assuring that there is a competent workforce to continue to improve the state's public health infrastructure.”

Rosemary Caron, PhD, MPH University of New Hampshire



FACTORS CONTRIBUTING TO SUCCESS

The public health capacity gains realized through this initiative are the result of strong partnerships among many committed public health professionals. Several key factors account for the success in completing action steps toward reaching the strategic priorities.

Quick Wins

Developing some clearly defined, short-term goals contributed to an overall feeling of success and momentum for all partners.

For example, the Develop Policies and Plans that Support Individual and Community Health Efforts work group was successful in its mission to sustain the efforts of PHIAP through the passage of legislation. House Bill 491, created the Public Health Improvement Services Council to monitor the implementation of a public health improvement plan and to develop future plans. This legislatively enacted body gave the effort visibility and credibility and energized all involved in the planning

Aligned Goals

When goals of the initiative were common to several systems partners, we saw great success in achieving them. The Institute of Health Policy and Practices at the University of New Hampshire and the Division of Public Health Services worked together as members of the Monitor Health Status to Identify and Solve Community Problems workgroup, to enhance and expand access to data through the NHHealthWRQS web reporting and query system.

The Institute also was instrumental in developing the PHIAP website nhphplan.org. This supported a mutual aim; to create a public health inventory tool focused on increasing awareness of public health promotion initiatives.

Financial Resources

Clearly it is always easier to reach goals when there are financial resources to support them. This was the case for our public health communication campaign. Generous funding from the Endowment for Health supported development, production, advertising and materials dissemination. This initiative would not have moved forward without this funding. The planning process positioned us well for seeking additional funds. PHIAP workgroups had “shovel ready” plans when requests for proposals were released from various sources.

Challenges

Resource constraints both people and financial, became the major challenge to completing the work plans. This was evidenced most clearly by slow progress of the Assure a Competent Workforce Development workgroup. Leaders had limited time to commit to the activities in the plan and no funds were secured to support this priority.

Other challenges identified by workgroup participants include: coordinating and communicating with other groups outside the PHIAP, integrating this work with other pressing priorities such as public health regionalization and accreditation initiatives.

THE FUTURE OF PHIAP IN THE CHANGING CLIMATE OF PUBLIC HEALTH

Much has changed and is changing in public health in New Hampshire and in the nation since PHIAP began its work.

In New Hampshire

There was tremendous progress toward **developing a regional public health infrastructure**. There are now 15 defined public health regions, each with a designated public health lead entity known generically as the public health network. Partners continue to define a regional public health model and resources needed to fund it.

The Division of Public Health Services, along with every state and territory, received **funds to hire a performance management officer**. This individual will be charged with infusing public health performance improvement throughout the division and working to maintain PHIAP initiatives.

The Division of Public Health Services is publishing a **state health report**, which uses a social determinants of health model to articulate the health status of New Hampshire's population. The state health report will be used to develop a **state health plan** to address New Hampshire's health priorities. The Public Health Improvement Services Council should be an integral partner in the planning process.

Around the Nation

Beginning in 2011 state and local health departments will have the opportunity to undergo **voluntary accreditation** through the National Public Health Accreditation Board. Conferred accreditation assures that health departments can meet essential standards of public health and subsequently deliver a basic level of quality services. New Hampshire is working on the prerequisites to accreditation; a state health report and a state plan, and has completed a strategic plan.

The health reform legislation enacted in March of 2010 provides unprecedented policy and funding opportunities for public health and prevention initiatives. Funds for community transformation grants focusing on chronic disease prevention and public health infrastructure bear watching by the Council.

Moving Forward— Staying the Course

The work of PHIAP may move forward in different venues as time progresses. For example, the New Hampshire Public Health Association is assuming the work of the communication campaign. The Division of Public Health Services strategic planning process will address the delivery of consistent public health messages. Public health data will be available in a user-friendly format through the state health report and subsequent community health profiles to be accessible on the web.

The Public Health Services Improvement Council continues to serve a key function in monitoring current public health planning efforts and leading such efforts in the future. The Council remains committed to continually evaluating the public health system needs and priorities using the most current tools in the field such as the National Public Health Performance Standards and the Public Health Accreditation Board standards. The diverse composition of the Council assures that expert advice; critical thinking and innovative ideas are brought to the planning process to continue to improve the health of New Hampshire's public.



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