

YMCA's Pioneering Healthier Communities

Combating childhood obesity through local and state policy change—a progress report

INTRODUCTION

The YMCA of the USA launched Pioneering Healthier Communities (PHC) in 2004 to engage local leaders in the public and private sectors in changing public policies and the physical environment to improve health and reduce chronic disease. PHC is part of the Y's efforts to support all individuals in achieving well-being of body, mind, and spirit.¹

By 2008, 64 communities participating in PHC had begun to make neighborhoods safer and more walkable, boost physical education requirements in schools, improve access to fresh fruits and vegetables, and institute wellness programs in workplaces. In 2009, through a program called Statewide PHC, the Robert Wood Johnson Foundation (RWJF) provided funding to expand this model to the state level and to more communities.

Under that program, Y-USA (the national office for Ys in the United States) has teamed state alliances in six states with leaders in 32 communities in those states to develop and implement state and local action plans that promote policy, systems, and environmental changes to prevent childhood obesity.

Monica Hobbs Vinluan, JD, project director for Y-USA's Healthier Communities Initiatives,² oversees Statewide PHC. The RWJF grant of nearly \$7 million runs until the end of 2013.

WHAT IS STATEWIDE PHC ABOUT?

Statewide PHC aims to tackle childhood obesity by catalyzing state and local policy, systems, and environmental changes that expand options for healthy living. As a platform to advance the work, the program uses the existing Y-USA state alliances in all 50 states,

¹ The Centers for Disease Control and Prevention and corporate and foundation donors have provided funding to the Y for healthy living initiatives, including PHC.

² The initiatives include Action Communities for Health, Innovation and EnVironmental changE (ACHIEVE), as well as PHC and Statewide PHC. ACHIEVE is designed to unite YMCAs, local and state health departments, parks and recreation departments, and other community-based organizations to fight against chronic disease. Seewww.ymca.net/healthier-communities.

which are composed of YMCA CEOs and volunteers and supported by contributions from local YMCAs.

Most state alliances have public policy as their main focus, and recognize that Ys can do more collectively than individually. The alliances are a means to advance best practices among Ys and to further efforts around youth development, healthy living, and social responsibility. Over the past decade, there has been an intentional and intensive effort to focus on healthy living; in 2011 alone, seven alliances testified before their state legislatures on healthy living topics. Statewide PHC aims to accelerate this work in six states—Connecticut, Kentucky, Tennessee, Illinois, Michigan, and Ohio—to create local communities that support the ability of children to be physically active and eat in a healthy way.

"Before the RWJF grant, the bull's- eye [of the state alliances] had not been childhood obesity policy," Project Director Vinluan said. "We helped them add that focus."

The project "is about getting the information into the right conversations with the right stakeholders, where education can push model strategies," said Shannon Griffin-Blake, PhD, branch chief for program implementation and development within the division of community health at the Centers for Disease Control and Prevention (CDC), which has been a longtime funder of Pioneering Healthier Communities. "That is when you see implementation of far-reaching, high-impact strategies."

WHAT PROBLEM IS STATEWIDE PHC ADDRESSING?

Childhood obesity threatens the health of the nation's young people and their future potential. Today, more than 23 million children and adolescents in the United States—nearly one in three young people—are either obese or overweight, putting them at higher risk for serious, even life-threatening health problems.

The obesity epidemic is not only about the choices people make, but their ability to make healthy ones. In many neighborhoods, residents have little access to healthy food choices and few opportunities for safe physical activity. Rather than changing behavior one person at a time, a public policy approach focuses on changing the environments in which people live.

Creating policies and physical surroundings that make it easier for people to live healthier lives is a strategic goal of RWJF. "We set a 2015 deadline for reversing the childhood obesity epidemic," said RWJF Program Officer John Govea, JD, MPA, "and we are looking at state-level policy to get a bigger impact."

HOW DOES STATEWIDE PHC WORK?

In 2012, Statewide PHC is supporting two cohorts of states and communities. The first cohort started in 2009, with state-level alliances in Connecticut, Kentucky, and Tennessee. Y-USA chose them, along with local YMCAs and partners in 16 communities in those states, to participate in the program. In 2010, Y-USA chose three more state-level alliances: in Illinois, Michigan, and Ohio, as well as local YMCAs and partners in 16 communities in those states, to join the program. (See Appendix 1 for a list of participating communities.)

These state-level alliances convene state and local leaders to develop state action plans for policy, systems, and environmental change to prevent and reverse childhood obesity. The state alliances also work with local Statewide PHC teams in participating communities to create and implement action plans that align with the state-level goals and strategies.

A "Grass-Tops" Approach to Organizing

For each cohort of states and communities, the Y-USA hosts a coaches' meeting. It includes two state-level leaders from each state—one from the YMCA and one from a

partner organization—as well as two leaders from each community: one from the local YMCA and one from the community at large. At the meeting, these state and local leaders learn how to build leadership teams and spearhead policy change, and how to develop state and local action plans.

After the coaches' meeting, Y-USA helps state and local leaders build "dream teams" composed of leaders with significant state and local influence—a "grass-tops" approach to community organizing. For example, to create state PHC teams, YMCA leaders in each of the six states recruited 10 to 12 government leaders, such as the executive leaders of state departments of education, transportation, and parks and recreation, as well as leaders from other state-level

"This is not about training teams to go back and put on a Fun Run. This is about policy and environmental and systems shifts. We help community teams understand why these shifts are important over time." – Jeff Sunderlin, Y-USA Program Manager

organizations, such as executive directors of public health organizations and health-related foundations.³

By virtue of its broad reach and nonpartisan agenda, the Y has also brought together a cross-section of leaders at the local level. "In many of these communities, the Y is like

³ All participants in Statewide PHC are prohibited from lobbying. Y-USA's existing statewide alliances have separate paid lobbyists who can directly advocate for specific legislation.

Switzerland," said Jeff Sunderlin, program manager for Y-USA's Healthier Communities Initiatives. "Where there may have been turf controversies about healthy living or health-related challenges, the Y has been the neutral broker and said, 'We are in this for a broader vision. It's not about Y membership or building new facilities. It is about the health of this community."

Learning the How-To's of Systems Change

Next, the state and local teams participate in an intensive two-and-a-half-day training in Washington, where they learn the how-to's of systems change. Sessions cover, for example, policy and environmental changes that foster healthy living, strategies that communities have used to implement such changes, communication strategies for state and local stakeholders, and ideas and tools for developing action plans.

"Many who come to the table are program-driven people," said Sunderlin. "Programs are great for impacting individuals, but because of the severity of the obesity crisis, we need policy, systems, and environmental changes that will impact whole communities. But this is not about training teams to go back and put on a Fun Run. This is about policy and environmental and systems shifts. Teams need to understand and internalize why these shifts are important over time."

"They are energized when they leave," he continued. "Their understanding as to the scope of the policy, systems, and environmental change work is enriched and they head back home with a new perspective on addressing this issue. They come to the meetings with dreams for a better community and leave with ideas and plans to make change happen."

Implementing the Plans

Once the teams develop state and local action plans, Y-USA awards one-time funding of \$40,000 to each local community team and supports the state alliance team at \$40,000 per year for three years. Y-USA staff members also use site visits, telephone calls, webinars, toolkits, and email to provide technical assistance designed to help the teams move from point A to point B. For example, the teams learn to use the Community Healthy Living Index (CHLI), a tool for measuring opportunities for physical activity and healthy eating in the daily lives of children and families. Prior to completing the CHLI assessment, a community may not know that the majority of their corner stores do not offer fresh fruits and vegetables. However, once this comes to light, the team can begin planning to help storeowners provide these items for their residents.

"The Y is seen as a voice of reason when it comes to physical activity," Sunderlin noted. "In recent years, the Y has really been looking at the evidence base and training their

staff accordingly. So when you hear it from the Y, you are hearing the best available science."

Y-USA also funds at least one mentor site per state—communities that have already been through the PHC process—to share tools and resources with their state and local colleagues, through reverse site visits and one-on-one phone calls.

State and local teams work with experts and organizations throughout the country, including those supported by RWJF. One such resource is *Active Living by Design*, a \$14.7 million national program RWJF launched in 2002 that is part of the University of North Carolina Gillings School of Global Public Health. The national program office staff that managed *Active Living By Design* oversees *Healthy Kids, Healthy Communities*, another RWJF national program tackling childhood obesity from 2008 to 2013.

"Our staff and the Y staff partner through a number of coalitions and advocacy efforts," said Sarah Strunk, director of *Healthy Kids, Healthy Communities*. "The Y is pervasive in terms of impact across the United States. How this is playing out encourages synergy."

HOW IS STATEWIDE PHC PROGRESSING?

The efforts of the state and local teams are gaining momentum, Govea said. Many of the state alliances are now key players in policy discussions about tackling childhood obesity and chronic disease in their states.⁵

For example, in Connecticut, the Statewide PHC team has become part of the Prevention Coalition, a group of organizations that are addressing policy to improve the health of Connecticut youth. The coalition includes representatives from Yale University's Rudd Center for Food Policy and Obesity and Save the Children (both RWJF grantees), End HungerCT!, the American Heart Association, the Coordinated School Health program of the Department of Education, and the state's Commission on Children.

"The Statewide PHC team in Connecticut has had a catalyzing and mobilizing effect," said Jennifer Stuart, project assistant with Y-USA. It has spurred "a blending and complementing of statewide activities. Participants are all working on how to increase physical activity for kids at school and during out-of-school time, as well as trying to expand the school breakfast program."

In Tennessee, Ted Cornelius, head of the Statewide PHC alliance, now co-chairs the Tennessee Obesity Taskforce, appointed by the governor to pursue an array of initiatives. Cornelius, too, is connecting the dots between agencies and organizations across the

⁴ For more information on *Active Living by Design*, read the Program Results.

⁵ As of February 2012, state and local grantees have also leveraged RWJF funding to raise \$1,332,100 to help sustain their work.

state, says Sunderlin of Y-USA. "It has been phenomenal to see the kind of convergence he has catalyzed, which is now starting to play out."

WHAT ARE THE MOST SIGNIFICANT RESULTS SO FAR?

In a recent survey of leaders of four of the six statewide teams and 32 local teams, Y-USA found that Statewide PHC has helped spur 2,705 policy, systems, and environmental changes to support healthy living. Y-USA estimates that these changes affect as many as 2.3 million people.

A full evaluation, scheduled for completion by Y-USA in 2014, will assess the overall impact of the program—the degree to which it has fostered multisector collaborations addressing childhood obesity, led to evidence-based policy, systems, and environmental changes at state and local levels, and disseminated its results to other national, state, and local stakeholders.

Highlights of the work of the six Statewide PHC teams follow:

Creating an Active Learning Environment in Connecticut

In Connecticut, the Statewide PHC team has focused on expanding opportunities for physical activity for children during school time. Its efforts paid off in May 2012, when the governor signed education reform legislation that encourages each local and regional board of education to require schools to offer 20 minutes of physical activity to students every day.

"There was a lot of jubilation around Connecticut about that," said Y-USA's Vinluan. The legislation also authorizes funding and a pilot in two school districts for a coordinated school health program that establishes goals and benchmarks for healthy eating and physical exercise during the school day.

The Statewide PHC team also worked with other organizations to encourage school districts to participate in the U.S. Department of Agriculture's school breakfast program. There are many examples of kids coming to school hungry and not being able to focus on their school work, Vinluan said. The problem was that schools didn't know the program was available, or that they could sign up.

Members of the Statewide PHC team shared information with school districts and guided them through the process of joining the school breakfast program. As a result, the number of participating districts keeps growing, Vinluan said.

⁶ End HungerCT! led the effort. Studies suggest that young people who are breakfast eaters are less likely to be obese. See the summary for more information.

Making Rest Stops Healthy Oases in Kentucky

Kentucky has the fourth-highest rate of childhood obesity in the country, and the seventh-highest rate of obesity across all ages. In response, the Statewide PHC team helped create the Kentucky Healthier Highways Partnership—composed of the Office for the Blind, which runs the rest stops; the Tourism, Arts, and Heritage Cabinet; the Transportation Cabinet; Kentucky Alliance of YMCAs; and Humana Foundation—to improve food choices at roadside rest stops.

Posters highlighting healthy food choices for travelers have gone up at 23 rest areas and welcome centers across the state. Snacks with less sugar and fewer calories (such as water vs. soda, pretzels vs. mini donuts, and baked chips vs. fried chips) now account for about 25 percent of the offerings in vending machines.

The state Transportation Cabinet estimates that 30 million travelers pass through the rest areas and welcome centers each year. "This is a significant step in access to healthier choices," the Y's Sunderlin said. "They have made rest stops healthier oases."

Connecting the Dots in Tennessee

More than 20 percent of children in Tennessee are obese—the sixth-highest rate in the nation. The Statewide PHC team is relying on its strong network of Ys across the state—particularly in Nashville, the state capital—to try to reverse that trend. And its initiatives are beginning to show fruit.

For example, the local PHC team in Bristol pushed for state policy change that would allow residents to use school playgrounds and other facilities typically locked when schools are not in session. A measure approved by the Tennessee State Assembly in 2011 encourages schools to open these facilities to the community and limits their liability if they do.

"Those are the kinds of local issues that naturally percolate up and open opportunities at the state level," said RWJF's Govea.

The state alliance also worked to secure funding in the 2011 state budget for coordinated school health, a program that connects education with physical, emotional, and social health.⁷ Though the program had been on the chopping block, the Y and other groups talked to their legislators about the importance of the program in improving the health of schoolchildren.

⁷ According to the CDC, coordinated school health includes eight components: health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff, and family/community involvement.

"There are Ys in 60 of 90 counties in Tennessee," Sunderlin said, "so they were able to educate their local legislators on the subject of coordinated school health."

Shifting the Focus to Health and Fitness in Illinois

Illinois is the only state that mandates daily K–12 physical education in public schools. However, the state has no standard P.E. (physical education) curriculum, and does not penalize schools that do not fulfill the requirement.

In 2011, the Statewide PHC team composed of 51 associations, representing 250 local Ys, joined a task force led by the state Department of Public Health and the state Board of Education aiming to bring consistency to physical education programs. The task force also aimed to shift the focus from typical "throw-out-the-ball" sports to health and fitness.

That effort has won legislative support. The Illinois General Assembly recently passed legislation calling for the creation of a legislatively appointed taskforce to recommend how to standardize physical education requirements statewide.

Three years ago, before Statewide PHC got started in Illinois, the Y's statewide alliance was not engaged in this type of state level policy work addressing physical education. But, said Sunderlin, "since the RWJF grant, the alliance is recognized as a valuable ally to have at the table when deliberating this issue... It is remarkable to see that kind of growth."

Ensuring Healthy Early Childhood Learning Centers in Michigan

In Michigan, the Statewide PHC team brought together representatives from state agencies; Healthy Kids/Healthy Michigan, composed of some 120 organizations targeting childhood obesity; other advocacy groups and local YMCAs to improve state standards on physical activity and nutrition at early childhood learning centers.

As part of that work, the Statewide PHC team ensured that many child-care and learning providers across the state served as early implementers of the new improved healthy eating and physical activity standards under consideration by the State's Bureau of Child and Adult Licensing. These early implementation sites will serve as the foundation of testimony before the state legislature and also as best practice and training sites for the statewide rollout of the improved standards. The initiative is going beyond the Y, and several other early child-care providers have been engaged, said Bruce Hathaway, a Y-USA project manager, and local Ys plan to help these providers meet the standards.

"We are shoring up policy already on the books to increase its impact and bring it to scale across the state," Hathaway said. "It's exciting right now to be on the edge of something that is going to affect the whole state."

Streamlining Childhood Obesity Prevention in Ohio

In Ohio, many groups were tackling childhood obesity, but "they were kind of doing their own thing," Hathaway said. The Statewide PHC team aimed to bring these groups together, unify their message, and reduce duplication of effort.

Toward that end, the state alliance has convened regular meetings of all the organizations working on childhood obesity in the state. One result: Voices for Ohio's Children, a Statewide PHC partner, included the impact of the built environment on physical activity on the agenda of its 2011 annual conference, which draws policy-makers, providers, physicians, educators, advocates, and parents.

The Statewide PHC team also created PHC Ohio, a website where policy-makers, parents, medical providers, teachers, and advocacy organizations can interact and find information and resources on preventing childhood obesity.

Several initiatives in Ohio are gaining traction. Early in 2012, for example, state-level PHC staff met with local planning and other officials to build awareness of the need for safer routes to schools and "complete streets": designing streets to give pedestrians, bicyclists, transit riders, and motorists equitable access.

The Ohio Statewide PHC team has also worked with owners of vending machines to offer healthier choices in public vending areas in the state. The team is providing resources to other groups and organizations interested in expanding healthy vending.

"A critical partner has been the vending companies," Hathaway said. "In other circumstances, we have seen that vendors were hard to engage, but this time they are willing to participate in this pilot to make sure it is good for business and good for the community."

WHAT CHALLENGES IS STATEWIDE PHC FACING?

Funding is a continuing challenge, program leaders agree. The RWJF grants of up to \$50,000—some communities received a second grant on top of their initial \$40,000—were to seed state and local work. Despite the more than \$1 million they have raised, many state and local teams have found additional funding hard to come by.

Lack of funds may be limiting what the Statewide PHC teams have been willing or able to take on. "There may be a tendency to focus on smaller, less costly changes," Hathaway observed, "though we are always driving to get those larger, jurisdictionwide, statewide policy changes."

Key staff people working on the project also have been stretched thin. "The work we are asking a state alliance to do is typically in addition to other responsibilities they have,"

Hathaway said. "They have to manage their workload and engage other members on the team to share the load."

Nevertheless, the state teams have shown the ability to "do good things on small budgets," said Vanessa Farrell, MPH, RWJF program associate. "In lieu of a lot of financial support, they get a lot of technical assistance. That has helped communities get up to speed and learn from each other as well as from experts. I applaud them for their ability to mobilize and get people to the table."

"Having a foundation like RWJF and an organization like the Y deliberately support these efforts adds a lot of credibility and a vote of confidence that extends beyond the money," said Strunk of *Active Living by Design*. "It brings other funders to the table."

For example, in 2011 Y-USA received funding from the Sam's Club Foundation to enable 10 more communities to participate in Statewide PHCs, and received additional funding to spread the work to new communities in 2012 from the CDC to become a national partner in its Community Transformation Grants program.⁸

WHAT HAVE WE LEARNED? ARE WE DOING ANYTHING DIFFERENT AS A RESULT?

Statewide PHC participants and observers noted several lessons from the program so far:

- To tackle childhood obesity, build on an existing nationwide infrastructure. Y-USA's 2,686 local affiliates in the United States and Puerto Rico—and its deep roots in 10,000 communities with YMCA facilities—are critical to Statewide PHC.
 - "We are trying to reverse the surge in childhood obesity quickly," noted RWJF's Govea, "and building something from the ground up takes a lot of time. So the more we can find institutions and networks like the Y that have an infrastructure in place, the quicker will be our progress."
- A little money goes a long way if communities are ready to take on the work. Y-USA chose local sites with a strong track record of pursuing policy change. That meant "they had less of a learning curve in getting on the bandwagon and doing the work," said RWJF's Farrell.
- However, local coalitions need ongoing funding to sustain their work. "There is a tendency to overestimate the strength of coalitions to continue without a deliberately funded effort to support them," Strunk noted.

⁸ The Community Transformation Grants support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and lower health care costs. YMCA-USA received \$1.3 million from the CDC to advance strategies related to tobacco-free living, active living and healthy eating, clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments, with a focus on serving African Americans and Hispanics/Latinos nationwide.

- **Technical assistance is essential.** The extensive technical assistance that state PHC teams receive from Y-USA and other organizations tends to compensate for less-than-adequate funding, Farrell noted.
- **Do not underestimate the power of peer-to-peer learning.** A great deal of cross-pollination occurs at annual meetings of leaders from Statewide PHC teams—both at the state and local level. "You get a lot of energy when you see what other teams are doing," Govea said. "Communities are not out there by themselves but really become part of a cohort. The Y is really good at that, and these convenings have become more effective over the years."
- Ensure that local teams represent the entire community. "For anti-obesity teams to succeed, they have to use a multisector approach, and the Y is good at that," said Rain Henderson, senior vice president of the Alliance for a Healthier Generation, which has advised PHC teams on advancing policy and environmental changes at schools. "That includes bringing together folks who are the detractors, the atypical collaborators."
- Including key people on a local team encourages spillover. "Everyone is learning and changing and taking that information back to their own organizations," the CDC's Griffin-Blake said. "A focus on changing schools may spill over into work sites, into health care, into faith-based communities, because leaders from those organizations are building their own skills to do this work."
- **Be humble enough to share leadership.** "It comes back to our distributive leadership model," said Y-USA's Stuart. "It's not about the Y or the health department or the school district. It's about how to make kids healthier. We have some amazing Y leaders, but they are amazing leaders because they are working in partnership with other leaders in the state and in the community."
- Use data to make your case. "You may not always have money to develop a survey," Griffin-Blake observed, but "an array of national, state, and local datasets on many topics, including childhood obesity are already available. We encourage communities to develop a data-driven process."

WHAT DOES THE FUTURE HOLD?

Taken together, the efforts of many organizations to reverse the childhood obesity trend seem to be having an effect. Obesity rates that had been skyrocketing have begun to flatten out, RWJF's Govea noted, especially in communities that have adopted a comprehensive approach to the problem.

"That is good news," he said. "The bad news is, we are also seeing a widening of disparities among different population groups. That tells us where we have to focus our efforts."

At Y-USA, Statewide PHC work is now "embedded in the Y's approach, and has become a best practice for all our states," Vinluan noted. The PHC model also shows promise for replication even beyond the vast Y-USA network.

"National groups like the Boys and Girls Clubs, Girl Scouts, American Lung Association, and National Recreation and Park Association all have impressive reach," Griffin-Blake said. "What is exciting about this model is that it shows that seed money, invested in the right infrastructure, can create a spark to do huge things."

Griffin-Blake encourages her colleagues to take the long view. "Pioneering Healthier Communities has never been about a one- or two- or three-year period of time," she said. "We see this as a small investment in a longer vision. I always encourage the Y and others to think about how this is the spark that will ignite something bigger eight to 10 years down the road."

As of November 2012, RWJF provided a two-year \$7.9 million grant for the second phase of Pioneering Healthier Communities' state policy-change initiative around childhood obesity. The YMCA will provide technical and financial assistance to 14 state alliances to serve as catalysts and conveners within their states to advance or enforce policies to reverse the epidemic of childhood obesity. The YMCA will also disseminate the successes, opportunities and challenges to other state alliances to foster their engagement in policy-change efforts.

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APPENDIX 1

Communities Participating in Statewide PHC

These communities began their work in 2009:

Connecticut

Darien, Hartford, Southington, Wallingford, Waterbury, and Wilton

Kentucky

Burlington, Frankfort, Madisonville, Owensboro, Paris, and Pikeville

Tennessee

Bristol, Chattanooga, Dyersburg, and Kingsport

These communities began their work in 2010:

Illinois

Chicago, Glen Ellyn, Joliet, Kankakee, Oak Park, Peoria, Quincy, and Schaumburg

Michigan

Adrian, Owosso, and Port Huron

Ohio

Dover, Mansfield, Marion, Piqua, and Toledo

APPENDIX 2

Interviewees for This Report

Vanessa Farrell, MPH

Program Associate Robert Wood Johnson Foundation Princeton, N.J.

John Govea, JD, MPA

Senior Program Officer Robert Wood Johnson Foundation Princeton, N.J.

Shannon Griffin-Blake, PhD

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