



***Advancing Policies that Create Conditions for Good Health  
National Webinar  
Trust for America's Health  
January 21, 2026  
2:00-3:00 PM Eastern Time***

TIM HUGHES:

Good afternoon and welcome to our national webinar on the report advancement policy that the conditions for good health, opportunities, barriers and strategies hosted by Trust for America's Health or TFAH for short. My name is Tim Hughes, the external relations and outreach manager at TFAH. We would like to thank our speakers and audience of being with us today.

Real-time captioning is provided today by Lee of a Ai-Media. Such options, click on "More" at the bottom of the screen with the three dots. Next, click on "Closed caption." ASL interpretation is also being provided today by Kyle and Patricia from Keystone solutions. If you would like to use ASL interpretation public door mouse over the "Interpretation" button at the bottom of your Screen.

We encourage you all to share your thoughts and questions about today's presentation by typing them into the Q&A's. We will try to answer as many questions as we can as time permits. To open the Q&A box, click the Q&A icon at the bottom of your screen. From there, select "Enter" when you are ready to submit your questions.

Today's webinar will be recorded.

And now it is my pleasure to introduce the moderator of this event, Doctor Breanca Merritt. Doctor Merritt is TFAH Director of policy. She leads a portfolio of policy initiatives, convenience and partnerships designed to develop and support health promoting programs, and policies to advance TFAH submission. Welcome Doctor Merritt.

BREANCA MERRITT:

Thank you so much and thank you to everybody for joining us for this important session. I am Breanca Merritt, Director of polity for TFAH. I would like to welcome you all and thank our panelists for attending this event. We are under that all of you are here today.

Our agenda for today is on this slide. As you can see -- after the presentation from our panelists, will be a time for Q&A.

I wanted to start with a brief open Of the review report. A full copy of the report is available on our website and we will include ethics.

I just wanted to say that it is an understatement to say that state leaders and advocates are in an incredibly challenging, political and policy environment in 2026. My hope for this webinar is that everybody listen for better understanding of how to advance public health occurred in an area of diminished state infrastructure and funding, and will states are facing is so much pressure to sustain their communities and their health.

We will highlight some perspectives national government and advocacy partners that feature policy that states can pursue, the reinforcing collaboration across sectors.

I will start authorship is a bit about the mission. This report is housed in. So, the promoting health and cost control it states initiative began in 2018 as a way to support state and identifying evidence-based policies. These policies were selected from 1500 policies initially to figure out which ones may have the greatest impact but on health, actually state have the opportunity to pursue legislatively more of the executive branches and that it could be enhanced through the ways. And also there is a level of cost control both in terms of the back of, and in terms of longer-term control and return on investment.

On the left-hand side you will see a chart that shows thick gold EPIC, 13 specific policies in those areas, that highlight evidence-based strategies that are policy opportunities that states can use to enhance the community's health and promote a greater return on investment for their communities.

On the right-hand side you will see some additional policy that the initiative pursued and did additional research on in 2021. You will note that these (indiscernible) as well as those outside public health typical purview.

So in 2024 and 2025 we really want to revisit some of these policy areas not to question the evidence but to understand how states were progressing and how they were implementing these policies. And really think after the challenges, opportunities in addition to progress in both enacting some of these policies and programs as well as implement and up. The author wanted to understand better, as a national organization, what types of supports state might need to actually identify and pursue these policies, as well as understand some of the barriers that facilitators had invented some of the policy.

You can also understand that during this time from there was a lot of political headwinds that was increasing. So it helps to deepen our understanding of what state might be facing in these times.

In order to understand how these policies were being enacted, and the challenges that they were facing. We did some community analysis. First we conducted (indiscernible) for service providers, government leaders, research institutions across HHS regions, the

Department of Health and Human Services, and 10 such regions across the country and we met with organizations and entities within them to get a sense of any geographic transfer of understanding about some of these different policy areas within the solution.

We then had a convening with national organizations, primarily that support and have membership with local leaders and advocates from across the US and in these policy areas identified by the initiative. So by listening to folks on the ground as well as folks from international Pat Shoemaker to understand opportunities as well as some strategies that states can pursue in advancing some of these areas.

We also analyzed all of these discussions and also there's an ongoing policy analysis to understand specific efforts as well as ongoing budget challenges that states are facing, particularly at the federal budget shifted the environment for states during this time.

This report is divided into three sections. I will briefly discuss some of the key findings and information highlighted within each of the sections. So the first highlights a changing policy environment. In the wake of -- the Covid-19 emergency many of these policies were taken up across the purchaser we wanted to document authorship that happened during this time and what had happened since. We thought many states (indiscernible) produced their investments in State Department policy areas.

We also looked at shift in the federal capacity and funding that may affect some of these policy areas, picnic and adoption, and especially thinking about different federal agencies and offices that provide (indiscernible). So not just thinking about (indiscernible)

We also talk about preemption and policies that we know work that are frequently created at the state level to prevent communities from advancing some of these efforts. Smoke-free air policies, alcohol sales and housing. We also talked with some of what we saw and understood about health equity. But what we had some leaders discussing how some of the laws limiting health equity, not just affected their work around base, ethnicity and other topics, but also that it was co-opted and linked to other policies from the NPMAP portfolio of affecting their ability to convert this work.

Matthew behind state budget limitations. The fiscal environment has been stopped, and folks as well as the research - indicate the budget will be stretched even more so this Tab from the states are facing these pressures in the context of these policies, but a handful actually continuing to enhance the work and creative ways and others who have had to stop at the argument wholesale because of the concerns of the state budget.

Our second section highly what is working for state. Both in terms of strategies that work well, production implementation and challenges that are permitted all these policies moving forward. So we will start with that it is. There are four key themes that came out of the discussion. The first was about local community evidence to support the need for a policy.

Folks returned that it was important to have not just good data but also good qualitative stories to best advantage these policies when they live.

We also learned about the need to build effective collaboration across key partners. Working across sectors was increasingly important to not just making the case, but also getting the work done once a policy actually did get advanced legislatively. That collaboration and partnership is key.

We heard about the need for community bargain. And that these policies cannot be developed in a vacuum. Without having integrative approaches from the ground - not just in understand the policy, but in understanding what it means to invent this work through government, it was critical for them to not just engage." Perspective but also from leveraging their perspective as members of a key workforce in early learning, to really say that this is why this work is important. Not just the understanding that having them play the role of advocates and integrated into the needs of some of these topics.

Lastly we had about the need to effectively communicate the importance of nation. This is not just about advocates and leaders communicating to the public. But also communicating these issues effectively to legislative leaders and others and the need to be at the credit Anita and Windows partnership to the table to communicate effectively, was also critical in advancing this work.

On the right-hand side, we also featured in our proposed different states and their progress in some of these policies and our feature or strategies that have been working includes Arkansas. This is the state that politically had pursued four or what will this idea of universal healthy school meals for all, and in this past year they were able to not just vote (that implementing a healthy school breakfast for all children Douglas of income, in part funded by additional taxes in the state. And so this is a state that data on food insecurity, a big part of that process to get this work incremented locally and statewide.

In terms of challenges we have from states, issues with funding, we know that there is never enough funding but particularly the lack of flexibility around some fund escape. Credibly often unfortunately, these challenges going forward can be hampered by too much structure in the funding arena.

Technically, surprisingly, unsupported political environment - not necessarily just a political environment in terms of partisanship, but in terms of the types of strategies that need to be taken to kind of build a coalition and inform and engage people in a specific way that allows both traditional mechanisms, depending on the topic, to be more difficult to convince.

We also heard about a lack of community buy-in being a major factor. Specifically not just the lack of supporting a policy, but the lack of knowledge and policy literacy about an

issue. And how critical resources are to better educate, engage in meaningful and create relations of people on the ground to make sure that the policies move forward.

And lastly administrative areas. We stretched on this a little bit earlier, that states are frequently hampered by pursuing this work, because of other legislative means but also administratively just the challenges in working across sectors, working across state governments to move some of these policies ahead.

We also talked about the state of New Jersey, which is generally in states that promote things like smoke-free air, but one challenge they have dealt with recently is an inability to advance smoke-free casinos. So just highlighting that even in states that have the political will, there is no challenges in having these comprehensive policies enacted, so any incremental opportunity move that will forward is critical especially during this time.

I would like section talks with progress and highlights the policies that this research identified. We give an update on background, as well as recent research on health and economic benefits on each of these topics. We also detail defendable support and recent structural changes to the support. We know that there have been many different recommendations, proposals and on what type of budget lines might be covered, what types of programs might be cut, and speculation have been going over the past year. So we highlight some of those composers as well as what that means some of this book. We also highlight examples from our listening sessions and from our research about each of these areas. Some states that are doing some great works, we want to reiterate that these are not states that have wholesale done over every policy, we are talking about (indiscernible) finish line but this is the coalition of partners work together and wanted to really reinforce the idea, and as we were encouraged by that we spoke with, that it is not always helpful to highlight the biggest and best policy evidence, the reality on the ground that the funding is not always there, and infrastructure is that always there. What are some practical pragmatic way that we can pursue some of these policies as well? So we were very intentional about the types of states and the types of activities of a position to move this before.

I will conclude that staying that overall that only the imperative for we could support states, but also from a federal policy perspective and advocacy about how we can help put things, for states and the federal advocacy level. We wanted to highlight for sector collaboration, more important than ever to advance the public's health given all of the janitors fit for the field, similar policy strategies and challenges (indiscernible) political orientation, political affiliation, a lot of these challenges and barriers exist.

There are ultimately bipartisan opportunities that exist to advance these opportunities. Let's not make some of these are depending on how you there. We have examples of some of these efforts working well across the board. At the same time we are realistic about the limits to have it states campus do without federal support in some cases. Some of the things we talk about today highlight those as well.

Abolition we have ongoing work related to this effort, we will be releasing some (indiscernible) trends within the state across progress on policies that are supported by oath HAC CS. Because you want state. The report be releasing a post related to strategies that national organizations can pursue to support state in this work, and we will continue our ongoing research into best practices.

So with that, we will turn this over to our esteemed panel. Just a reminder to submit your questions into the Q&A box, and we will get to those questions after the presentation. So as you heard, (indiscernible) for this webinar we wanted to highlight topics that reflect a daily challenge that families are navigating and that affect long and short-term economic benefits of families, cost savings the state and longer-term health benefits. The panelists I am about to introduce you to have experience working in different states, territories, sectors, and understand both incremental and large-scale changes as needed for this work that happened well.

I am pleased to welcome our panel. But we have Jovanna Archuleta annuity initiative program Director at the LA NL foundation. There she leads efforts to strengthen early childhood solutions across New Mexico. She worked closely with travel partner to repentance and expand early childhood services and education. She also stopped at the nations that Assistive Technology for early childhood care with an New Mexico's only -- only (indiscernible)

This we have Francis Torres was a Director of housing and infrastructure at the bipartisan policy Centre. He needs research and technical assistance on homelessness, the low income housing tax credit and other aspects of the warehousing policy. He also organizes bipartisan convenience of but etiquette initiatives to serve as a scalable, evidence-based federal reforms for housing affordability nationwide.

Lastly we have Shelina Davis, and Louisiana native, and public advocate and community for everybody has a friend. She served as the chief executive of the Louisiana health public health (indiscernible) as an intersection of health systems, community-based organizations and residents to advance health equity.

While it is my honor to welcome Jovanna Archuleta. Welcome Jovanna.

JOVANNA ARCHULETA:

Welcome everyone, good afternoon. It just that afternoon here new people. Different introduction. I just wanted to jump right in, I know you and for overtime.

The what we have done in tribal communities over the past decade started bursting with the permission request of troublemakers. I really wanted to highlight that because that is a

step that is often missed when working in tribal communities. Then started by belting out relationship for Education Director of Community Programs it of the northern tribes and it committed? The children what critical services were available or DEBORA FUDGE: been a stable to five, that if the Ramadan we work with, (indiscernible) ages 0 to 5.

We looked at where the barriers and gaps. And we realize that services such as early intervention, childcare, preschool, holistic, prenatal and graphic are what resulted over the last 18 months, past 18 months, we were able to put together plans to show where those gaps and opportunities well.

Right now we are currently building out a home visiting program within three of our tribes. I just want to highlight that because the weight back. They are building their confidence, supporting the communities, but most importantly build and stumble a shifting caregiver and child.

So to date 80% of those. We worked on with those tribes have been met. And we just submitted a proposal for the (indiscernible) summit so hopefully we get accepted and you will get to see us and he absorbed again in September.

I think as you said, the majority of the gaps are infant and child told the return of healthcare, which all of you know are critical services when it comes to bring development and the first three years of nurturing and a shifting caregiver and child. It is the time when excess the foundation for lifelong learning was in this small free gift window.

The barrier was not everybody qualified because federal guidelines show that to accept. You have to be within the federal poverty level. And so they rolled out the early childhood education care department in 2020, that is when I joined the agency, it makes it a lot easier for tribes to access programs like a pre-k. And so, please Kate not come with that income barrier. They had transportation plans. A lot of these programs or Headstart grams are the house for health and well-being for families. And so we were able to work with tribal communities with the government to government relationship, and they began to transition from Headstart in New Mexico's pre-k.

Our biggest gap that still remains as we planned childcare plans and pre-k once we have folding and program for children and families. I think everyone on the cold know the benefits are for economic well-being. But we have always respected with the tribes is self-directed and educational -- sovereignty.

There was language put into these contracts that tribes have the option to abide by state standards. But they had full authority on how they wanted to educate their children and the culture and the language and each community and I am proud to say that my family on tribe now has New Mexico pre-k and serves 3 to 4 goals from the culture and language perspective.

While I close, I just wanted, I think many of you have heard about universal childcare New Mexico. It is full on, it is out November 1, and as the Governor has always put policies and this is in place for families in New Mexico, just yesterday and had left his estate of the state, she said that 10,000 families have not benefited from free childcare. That is three months of just rolling this out.

One population that we continue to advocate for improved policies as grandparents raising grandchildren in New Mexico. We have the highest population, and that another new policy within the childcare rollout where grandparents are exempt. They do not have to be working on going to school to qualify for childcare assistance. So we have a grandparent who is sometimes in the 80s raising very energetic and curious toddlers, they can now work on their own well-being and health. And we are going to help expect that. We are going to expand (indiscernible) continuing to meet the goals of the community, (indiscernible) workforce have to be developed just as fast as everything else has in the last 18 months. So thank you and I look forward to any questions.

BREANCA MERRITT:

Thank you so much. We are now going to turn it over to Francis Torres. Francis, thank you for joining us -- from the bipartisan policy Centre.

FRANCIS TORRES:

Thank you, it like to be here among such impressive analytics. So as was mentioned, I represent the bipartisan policy Centre. Which is eight DC-based think tank would work to build the evidence caked (indiscernible) to solve the nation's most pressing problems. In my case, this is primarily around and dressing the housing affordability crisis.

In my comments, but I will keep brief, I just want to make the kids health policy reforms are an important tool to achieve better health outcomes. BPC shares the view that housing is intrinsically connected to health outcomes and ultimately the particle of expanding access to affordable housing is a key way of achieving a healthier nation overall.

So focusing my report on two areas, one is what is the federal government squabble, and then a little bit about how pleased the developments might have (indiscernible) but also talked about how states have addressed increased housing instability and (indiscernible) housing affordability and ultimately provide even better health outcomes for their constituents.

So on the federal side, many of the things may know this, housing is complicated because so many are at the state or local level. Federal government invites deep and countercyclical funding that states (indiscernible) homelessness response dollars that often need to be scaled for me and said he was in faith. So before federal rule



(indiscernible) is something that states cannot really replicate. Particularly in a situation where there is increased housing affordability.

And then the other point about certain rules of the road, by agency warmaking guidance, federal government can provide predictability in how to operate and scale key programs. And when federal changes quickly, that preoccupation or damage in terms of logistics of programs. It is not just about the program it is about the sustainability of the programs you forward.

Currently, as many of us know, the state of play is one of great uncertainty at the federal level. Right now federal housing policy is in flux. We have seen recent announcements as recently as yesterday, and this morning, around some aspects of it. But let me just briefly name some of the trends that I think are important for decision-makers across all levels.

One in the context of housing and health, it is often the case that we think about the federal hopelessness framework is shifting. We see clear rhetorical and policy pending away from the housing first paradigm at the federal level to a more public safety and treatment focused training. We see this in recent (indiscernible) as well as guidance and more focus on accountability.

Conduct point, we have seen new notices of funding opportunities, (indiscernible) uncertainty becoming real for occupational risk. Eligibility priorities for (indiscernible) and other homelessness assistance. Federal report has blocked some of these changes summary and how processing (indiscernible), but because the case is ongoing, there are just destabilizing lack of continuity at the moment regardless of where you fall in terms of your preference and policy that makes it harder for states.

But there is a silver lining. There is a lot of congressional activity on housing. Congress is debating large packages right now, that are bipartisan. The focus on supply and (indiscernible). Even a situation of administrative uncertainty, (indiscernible) helpful avenue for other applicants to also support.

So what states should be thinking about and what we can do, we have seen states address the current situation by being more proactive in their own policymaking. Increasing receipt state policies as being the main characters. Think that might seem not connected to health but ultimately are extreme, such as making it illegal to build more housing in high demand places. Imposing timelines and default occurs (and ultimately creating incentives such that places that are high demand near jobs and transit have more people. So housing can be built with the man is.

What we learned from (indiscernible) is that if housing is not built where there is high demand, homelessness and housing divinity increases. (indiscernible) less doable.

There are additional states strategies such as unlocking state capital to provide gap financing and for projects that might not otherwise be able to scale, offering things like state credit enhancements are other ways of producing financing this which is a way that states can bridge the gap between existing federal subsidies and private capital for building new housing. And ultimately, going back to homelessness, thinking about homelessness as a statewide strategy, currently the system that we have operates on COC's which are doing very important work, but we are increasingly seeing states set outcome targets, standardized (indiscernible) and also providing funding for shared services like data or landlord engagement management. That can help improve homelessness outcomes when we think of addressing the problem through persistent management approach and not so, ultimately I just want to close, I know I give you are not there, by saying that they're all key programs that are important for ensuring housing stability and the health outcomes of people that are in the situation. And a lot of these programs are very dependent on federal program. But there are also things that state and local leaders can do to facilitate the success of these programs. It is often times the case of a lack of housing, you know, very low vacancy rates, and other systemic situations make it much harder for the support programs to help. Inasmuch as the states can run a two track plan of operating under the federal funding that they need but also doing the defense and taking the actions you take at their own level for facilitating more housing types, more building up of greater need, and organizing how they manage their homelessness response and their response to housing insecurity, really seeing states take the lead in doing so, for Republican and Democratic states really filling the gap that federal uncertainty has created, to address the housing concerns of their constituents. The average to questions on that, thanks much for the opportunity.

BREANCA MERRITT:

Thank you so much. Great summary of a policy topic. Next we hear from Shelina Davis and the Victoria and the Public health Institute. As a reminder please submit your questions to our families live Q&A feature.

SHELINA DAVIS:

Hello, thank you so much for Bianca and TFAH. It is truly an honour to be in this conversation with such portfolios, and I am grateful to be sent to them.

Breanca mentioned it briefly but I just wanted to provide an overview. We at the Louisiana Public health Institute leads and partner with communities to ensure that all Belizeans have fair and just opportunity to be healthy and well. And we do that in four primary focus areas including capacity building, engagement, data research and analytics, and policy and advocacy.

We are 151 institutes that we lovingly call our symptoms across the country, and we at LDH I have made an intentional decision about how we engage particularly in the policy and advocacy work. I will share an example in just a moment.

A few years ago, I began of the CEO here and I made a clear decision that if we wanted to create meaningful and lasting impact probably could not do this work in a public health cycle. We really had to continue to send the community voices, we had to continue to strengthen and enhance public health systems through data and capacity building, and we had to be actively engaged in policy and at getting to truly shape the conditions for help. One policy area where the intersection has been especially clear for us is in paid family and medical leave, but I will focus on today.

So, right paid family medical leave? At the national level there is still no universal paid family and medical leave policy. The federal Family and Medical Leave Act provides unpaid leave and only covers about of our work. Three. In the absence of a national solution, 13 states and Washington DC have created statewide social insurance programs. In Louisiana, while the long-term vision is a comprehensive paid family and medical leave program, our strategy has really been to pursue incremental progress, in close partnership with a better balance and lead and return to care, mission but I will talk about in more detail.

RPH I have prioritized paid family and medical leave because it has allowed us to do something that is critically important in public health, which is the really flame and economic issue of a public health issue and vice versa. We do that specifically by sharing access to paid Family and Medical Leave Act, significantly improved public health outcomes, particularly for low income workers and their families. Also, we knew that there was already state-level momentum with advocates and organizations, many of them to our long-standing partners who have been working on this issue for over a decade.

Lastly, the policy strongly aligned with not only our staff expertise in our group but also with our state priorities around maternal and infant health, especially as many of you know, Louisiana consistently has high rates of maternal and infant mortality. Which we know disproportionately impacts black women in our state. So all of this claiming really helped us to connect health, workforce mobility, economic stability, in a way that really resonated beyond just our traditional public health audiences.

So in terms of highlights and wins, you can beat them on the screen. But I can see highlighted here, in 2019 federal Trump signed the federal employee paid leave at 2012 weeks of paid leave to federal employees. In Louisiana in 2022, we formally joined a coalition of advocates that have been advancing paid leave in Louisiana for over a decade, as I mentioned. Over time we stepped into a leadership position and now currently the (indiscernible) coalition, in partnership with an organization called "Invest in Louisiana.

In November 2023 in Louisiana, our previous Governor extended six weeks of paid leave to state employees. And today, what our common mission is working on and had made important progress over time and has emphasized the bipartisan interest and support for this policy, but right now, we are really working on an incremental approach to advocating for K-12 public school educators to get the same benefits that state employees, which is the six weeks of paid parental leave.

So as I showed above, we do not do this work alone. We lean really on our fellow southern states as examples to do this work. The author lean on our national partners as well, which I have highlighted on the screen. So a better balance them as our national technical assistance partner would really support state advocacy efforts to expand access to paly. Including here in Louisiana. We also have many of our PM state that we are looking on as examples of how they did this in their states, and they are shared here on the screen. North Carolina, Tennessee, South Carolina and Alabama have all already implemented paid parental leave from K-12 educators. But we are looking at what playbooks they have used to see what we may claim to be successful here.

Also, LP HI in collaboration with our publishing, but posting with legislative champion out of northern Louisiana, Senator Sam Jenkins, the study were other states were doing and coordinated a joint hearing of our state Senate Finance and education committees this past December. The resort strong bipartisan support. As is often the case, the primary challenge is not really political will. It is funding. So this is where strategic communications and data translation have been critical. So we have been working with our partners, we have demonstrated the cost-effectiveness of the policy by linking it directly to teacher retention and workforce stability, which is a message and thing that you were here throughout, often, researchers showed that in other districts in particular, they can spend more than \$24,000 per new teacher higher. And if we provide six weeks of paid parental leave to these educators it would save Louisiana an estimated 12 1/2 million dollars annually in teacher turnover costs. Also supporting family health and well-being.

So this is just one clear example of how health and economic outcomes are deeply linked and tight. And how public health framing can strengthen economic and workforce conversations. We are continuing to educate legislators and we hope to pass this policy during this year 2026 legislative session.

So as I wrapped up, I want to really emphasize that again, we do not do this work alone. This is the result of a committed coalition of organizations across Louisiana, each playing a critical role from an procedure research to storytelling. So the key takeaways I will leave with you, which Breanca really shared in the report highlights and she showed earlier, is that collaborations and partnerships both within and outside public health have been critical to doing this work. The second is really around strategic communication really being critical. And that really elected officials and their staff, as well as engaging specific communications, experts can really be powerful partners in helping to translate public-health evidence into action.

And then finally health and economic community are inseparable. I know I have been doing a lot of work working with our chambers here because the state of war and economic development organizations. And so when we have framed issues at that intersection we expand our ability to build support across the aisles. So with that, I want to thank you all again and I will pass it back to Breanca.

BREANCA MERRITT:

Wonderful, thank you so much for a great overview of awaited public health can engage in the space. So that concludes our panel presentation. Now we will open up the Q&A. Please submit your questions, some of you have already done, and type your questions to all panelists. I know we have had a few, they have all come in with very specific questions that we can work with some of those well. But I will start with just a general question for the group. And I think that is really the public health is strained continuously under resourced. So given the diversity of topics that each of you presented today, can you share it may be a major take with opportunity. What does it look like the public health to communicate with the topic or policies or program that you shared? What does that look like in an environment where all of our sectors are under resourced?

SHELINA DAVIS:

I am happy to stop. As we all know, prioritization is key. I think as I alluded to, in my presentation, one of the ways that we have found ways to collaborate is really by understanding what each of our partners priorities are. Our public health priorities, it is more clear because often times that kind of explaining the work that we do. The really identify where there are short properties and if we are working with clinical public health partners and other public we have worked with, we try to figure out how our priorities can be claimed on the priorities that they are focused on. So I know here in Louisiana getting people to stay in Louisiana, getting a workforce, getting our workforce back in Louisiana is really critical. So we hit that point home and really tie it back to public health.

So when we look and see what we can both kind of break, all partners can bring, that is where we see major successful and as I shared with the paid medical and family leave, although we have not passed comprehensive painfully, we do have bipartisan support for we talked to legislators across the aisle. Everyone says that we have a need. But where are we going to find the money to support this at the state level? My major take away is work and refined share priorities and weaponry of public health organizations flame a top, from a public health angle? That is been successful for us.

FRANIS TORRES:

And happy to jump. Exit really underline our work. We are lucky enough to have a health policy team as well as a housing policy team and we often collaborate. But more generally

so much of the work is? For those of us who understand the connections between the housing affordability, accessibility and health, is connecting the dots in the lines of decision-makers. So folks might be acquainted with some of the health issues that in the case of mistakes, constituents, government or state and local leaders might have. But they might not be familiar with how housing is upstream from that. We are committed to a vision of housing affordability. But to not understand the ways in which you can wait existing healthcare funding to achieve from it. The sink. The thinking should resume different in your introduction from the opportunity for collaboration is how you expand the coalition to achieve the needs that you need. And this is at the federal and state levels. It is really about expanding those coalition for change, and finding all the bedfellows who might be interested in health or housing, whatever, and can be nourished into thinking about it more elastically.

JOVANNA ARCHULETA:

From my experience working with the foundation, we come from a financial POW where we try to support rebuilding capacity, strengthening the capacity and community, and we invest in scholarships. Maybe there are folks who want to learn how to be a community health worker, and those usually are the key point context of intertribal communities. The community health workers. So we have a minor co-op to people to understand child development, we have graduated 35 native women who have dropped and distant child develop. So I guess I think that perspective, as investing.

BREANCA MERRITT:

Thank you all. Forget the give some ideas show us what the opportunity environment looks like. Despite some of the headwinds that we are seeing federally and locally in the states for.

We have a couple of questions from our participants, that are related to working with health departments. One, if any of your organization or maybe even similar groups and doing any work with local or state health departments. I think you give us a good example of what that might look like on the ground with community health workers, Jovanna. So if want to expand on that, and then there is a specific question we might want to think about, but somebody has specifically after public health departments and if any of them have paid leave policies but I do think that you addressed. Because the work in Louisiana (indiscernible) expand a little bit on what that looks like.

So if any of you are working with health departments, you can expand on how health departments are expanding -- paid leave.

JOVANNA ARCHULETA:

I just share that when you work with tribal communities there is an extra layer. There is the next mayor to state and tribal health. Indian health services. So just make sure that if there are tribal communities and working with them that it is not just the state that I will local tribal community health department to a part of the conversation and looking at health and well-being for families.

SHELINA DAVIS:

I am happy to jump in. They work very closely with our state and local health departments. The state health department kind of operate centralized, and we have regional public health, I think about 10 regional public health department or nine across the state and then in Nur Abdulle and, where we are headquartered, we have an independent city health department and we work with the policy folks in both of those health department. Very closely. So it is kind of impossible not to and we did not like to blindside our health department team members.

I was not the New Orleans health department. We work closely with the New Orleans health Department Director, she is also on my board, who continues to be, I guess now had title except the mayor, but the new administration that just started last week, and she is a pretty mayor of policy that we work closely with and she is a member of the coalition. And also for the state health department, our policy team members worked closely in letting them know what our progress has been, or forgetting that you're on what, you know, what asks the health department may have the information they have to help make the case and educate our legislators at all. But we are doing a lot of bidirectional communication and educating with our help out with and we work alongside that health department across all of our department. Not just on the policy and advocacy fund but also at LP HIV awful help (indiscernible) diversity health systems as well, we connect their community health needs, and so we leverage all of that data gathering to actually inform a lot of the work that we do on the policy site.

I will also share, Sally, Jasmine also asked if any of them have patently policy. City of New Orleans also has a venture patently policy that they actually implemented a couple of years ago. I think they are at 10 or 12 days of paid parental leave. And also the state, but the state workers policy was craft, I believe in 2023, that applies to the state health department workers.

BREANCA MERRITT:

Francis, is there anything you want to add?

FRANIS TORRES:

This is something that I think my copilot have more experience on. But we have engaged with local health departments in our local roundtables to identify best practices for

addressing hopelessness. (indiscernible) and other healthcare services. And to my earlier point, I think those efforts, it is surprising to see how welcome we have been, and breaking down silos that exist at the local level you would not think exists, but they do and different blocks is trying to stop different problems. So you. Back to the point of cross-country calculations.

BREANCA MERRITT:

Thank you so much. And thank you for also minding our audience about what tribal sovereignty looks like in practice. And also that these additional partnerships are quite critical to these processes, (indiscernible)

It looks like Jovanna was asked a question of her grandchildren being raised by grandparents and she shared a drink in the chat that we can share about a report dated last year to help pass related legislation. It looks like Shelina is answering a question related to K-12 related paid leave opportunities and Francis there is a question for you about if the bipartisan Centre provides education to state and local leaders about working with some of the philanthropies another reason that you mentioned get funding for housing supply?

FRANIS TORRES:

That is a good question. That is exactly the kind of question that is meant as interactive six months to try to expand the perfume beyond physical policy research best practices and advocacy to work with state and local governments. So I will just say we have not done this yet. But we are very much working on building out a work means to basically share best practices at the state and local level and provide some issue education to key actors in the spaces. City Council members, mayors, governors, or even potential (indiscernible) to understand what different (indiscernible) exist both in terms of regulatory level but also financing levers to achieve the housing outcomes that they need.

The we have not done this yet but we are working on building this out, so water space.

BREANCA MERRITT:

Thank you, and while we completed some questions related to the federal policy environment. Maybe if you could share a little bit about how the federal environment may or may not be affecting your progress in advance of some of this work. And then find that there was a specific question about if Congress is able to pass some of the acts that you mentioned, what might it take to implement this legislation. So if you would like to incorporate this into your response about.

SHELINA DAVIS:



Of the pay attention to what's happening at the federal level. And that actually helps us to shape how we message what we are doing down here in Louisiana. And I think our biggest thing probably is we pay attention, but we do not get bogged down in the nose. Because at the end of the day, we ensure that all Louisiana and for healthy and well and that is the message points that we continue to kind of drive home. And we continue to enforce that across Louisiana, and that is what we are trying to improve. I know as a public health practitioners, evidence-based practices and innovations that can help to do that, and that is healthy and acclaimed ourselves and we also drive that back to economic development as well. So we pay attention to what is going on defensively because we have to but we also look at what we do can work for the people of Louisiana and focus on that message.

JOVANNA ARCHULETA:

Dr. David Carlson love for us, we just focus in New Mexico and strict policy. We listen to what is happening at the federal level right now, we want the authorization of home sitting funds. But mainly it is just what are we do. How is our endowment supporting families in northern New Mexico?

FRANIS TORRES:

And our and the remit in federal policies a week spent a lot of time thinking about (indiscernible) in DC. What I will just adhere is that the federal policy of the water that we are all swimming in, even if in specific places that different conditions that allow for things to happen or not happen. And so I think that trying to inform what work with (indiscernible) to understand the local impacts of different federal policy, because we find that it is often the case that we can be a condiment and some of these insights to some of the people who are making decisions in Congress and even times admin who may lack some important context. The all of this to say, we are in a DC policy game up trying to educate members of Congress, increasingly trying to ground ourselves in some of these insights from state and local level because it is often the case (indiscernible) just encourage everyone here to whatever avenues they have, and try to influence the conversation on he healthcare is recommended to dovetail incident of a question, I do not want to overpromise, I think these are the two bills that I mentioned, the boat to housing bill and (indiscernible), would be a very big deal. Bills in the context of Congress because they have bipartisan support, which these days is hard to come by. That they are addressing a very salient national problem of housing affordability. Just like any piece of legislation it is not as if the date that it is signed, the next day everything changes. Furthermore bureaucracy have to incorporate new rulemaking and guidance, and funds have to go out, and it is always black. But if anything I think that emphasizes the importance of thinking about that problem. And the broader public health issues that we have been discussing, not just in terms of credible solutions but also in terms of fate and global solutions. What can states due to not be waiting for a bill to pass for the funding to finally come out? How can states and local leaders the fund flooded in their leading so that if something happens positively in the federal level they are compared to competitors?

BREANCA MERRITT:

Thank you; and is up with the potential high note and for all of you presenting the opportunities that exist in the work as well as the reality that you are processing in real-time. So in closing, we would like to thank the candidates, Jovanna, Francis, Shelina, what is a Ai-Media Captioner Sepsis, were behind-the-scenes staff and everyone has helped us behind the scene.

So state clearly have and continue to advance policies that promote health across a variety of environment and this work helps ensure that improvements are experienced in all communities, statewide, local and others. So as many of you have asked, if according along with the site and additional resources will be available on our website income days. I mentioned a few resources specific to this initiative that will be released as well so if find up for our newsletters, you will get access and be able to know in a real-time windows are available for you. The thank you all again for joining doesn't have a wonderful rest of your day.