



Dining and Service Innovations Across the Health Care Continuum
Insights from 2018 CIHF Roundtable



Cornell Institute for Healthy Futures

Healthy Futures

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Dining and Service Innovations Across the Health Care Continuum

Insights from 2018 CIHF Roundtable

Reported by Sherrie Negrea

Roundtable chaired by:

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Associate Director, Sloan Program in Healthcare Administration

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Hospitals, college campuses, and retirement communities all serve different populations, but they have one feature in common: the experience of the people they serve is significantly impacted by what hospitals sometimes call “hotel functions,” including dining, housekeeping, maintenance, and other support functions. Anecdotal evidence suggests that these services can both enhance the experience, and even potentially improve the outcomes of care, in healthcare and senior living settings.

The Cornell Institute for Healthy Futures (CIHF) sponsored a roundtable on October 9 and 10 that explored the trends in food and other services across a range of organizational settings. Nearly 60 industry leaders in health care, higher education, senior living, financial services, and wellness attended the conference at Cornell University in Ithaca, N.Y.

The roundtable opened with an overview of the emerging trends in dining services at senior living facilities, college campuses, hospitals, and spas. The conference then explored the innovations institutions have launched in other services, including housekeeping, maintenance, guest relations, and patient services. The roundtable concluded with a discussion on the need to integrate a culture of hospitality at their organizations so that they can better serve the needs of their patients, clients, and residents.

Dining Innovations in Senior Living

What type of food should seniors be served in an independent retirement community or an assisted living facility?

The traditional view of a healthy diet is not always the best diet for seniors, according to Frances Showa, national director of culinary operations at Grace Management, Inc., which operates 37 senior communities. That is why the company implemented a dining program at its facilities based on the work of the Pioneer Network, an initiative launched in 2011 that calls for minimizing restrictive diets and providing foods preferred by the residents.

“What we found through studies, and mostly because of the Pioneer Network, is that therapeutic diets don’t work for residents in an independent or an assisted living setting,” Showa said. “The data would suggest that after the age of 75, very restricted diets lead to poor intake and low intake, and that’s not what you want in those residents.”

“When we were giving our residents sugar-free, they were having more uncontrollable blood sugars than just giving them a regular portion of the stuff that’s really good and that’s going to actually give them a fabulous satiety level,” she said. “They’re going to be satisfied eating two bites of a regular piece of cake instead of having 100 pieces of the sugar-free cake, where

they never get any satisfaction.”

Another trend in food service in senior living is restaurant-style dining, which allows residents to choose what and when they want to eat. In between meals, they can order pizza, hot dogs, or fresh baked goods in a bistro, and for a healthier option, they can grab a piece of fruit or a container of yogurt from a 24-hour Farm-to-Table pantry, Showa said.

The bistros are part of a movement to break up large dining rooms in senior living facilities and replace them with a variety of smaller eating areas, said John Rijos, ’75, operating partner of Chicago Pacific Partners, which owns Grace Management. “Not only is it interesting for the residents, it’s very interesting for the adult children who help make the decisions for where mom lives,” he said.

The future of dining services for senior living communities will increasingly focus on fast-casual eateries, Showa said. What is driving this trend is a change in seniors’ lifestyles: a 75-year-old today is healthier and busier than a 75-year-old 20 years ago, which is fueling the demand for quick service at meals, according to a study conducted by Senior Housing News (SHN).

“Residents are not going to want to go to a dining room,” Showa said. “They are going to want to reserve their going out to dinner by actually leaving the community and going out for dinner. They’re going to want to see more of a fast casual with a lot more of a variety than what we’re serving now.”

Hospitality in College Dining

College campuses serve a unique demographic, but like health care and senior living facilities, they must prepare large volumes of food for thousands of people a day. Cornell University’s dining facilities, for example, feed 22,000 meals per day during the

academic year to more than 10,000 students, faculty, and staff. The university has 28 dining locations within a one-square-mile area that are open 22 hours, 358 days a year.

“When people think of institutional food service, they think of something that’s coming out of a can or a box or a bag,” said Michele Lefebvre, director of nutritional management at Cornell Dining. “Here on campus we’re really trying to break that model and do something different and use a lot of fresh foods.” In addition to her nutrition training, she is also completing a Master of Management in Hospitality, integrating ideas from both fields.

Cornell has been ranked among the top 10 schools for campus dining for the past 11 years by the Princeton Review; this year it is rated number four in the country, Lefebvre said. It also received the top award nationwide for having the best overall food allergy program for a college and university.

Out of just over 20,000 students at Cornell, about 1,500 need some type of special diet, Lefebvre said. The needs of those students led Cornell to open a “Free From Dining Hall,” which serves foods that have no gluten, peanuts and tree nuts. Although Cornell Dining did not announce or market the new service to students, the number



Joe Leggio: “Patients now more than ever... expect that a part of their recovery is eating healthy sustainable food.”

of customers frequenting the dining hall has grown by 49 percent since it opened in 2014.

The philosophy behind the change at the dining hall is to “keep the flavor, lose the gluten,” Lefebvre said. After six months of introducing the new menu, however, 47 percent of students didn’t know that the food had become free of gluten, peanuts, and tree nuts.

Expanding healthy food options on a college campus can also affect the bottom line. When Cornell launched a plant-based dining program in 2017, it saved more than \$30,000 in its first year of implementation by reducing meat purchases by 5 percent and boosting produce purchases by 9 percent.

“We’re actually having significant savings,” Lefebvre said, “and we’re feeling really good about the food that we’re serving at this point as well.”

Dining Innovations in Hospitals

Patients entering a hospital for any length of time typically expect the food to be substandard. But one hospital that has dramatically changed patient attitudes towards food is Lenox Hill Hospital in Manhattan, which began revamping its dining program in 2017.

Billed as “room service,” the new menu options excluded frozen meat and vegetables, and canned soups. Patients in three obstetrics units, where the program was piloted, could order meals that were freshly made to order and served on china with glassware and silverware placed on white tablecloths.

The reaction of patients to the room service was immediately positive, as measured by the hospital’s HCAHPS (Hospital Consumer Assessment of Healthcare, Providers and Systems) and other satisfaction surveys. After it was implemented, patient satisfaction jumped from 0 to 99 percent the following week, said Joe Leggio, senior director of patient and customer

experience for Northwest Health, which operates Lenox Hill. Patient satisfaction also rose across the entire hospital from 13 percent to 54 percent, as other changes were introduced, such as introducing plant-based menu options on all cardiac floors.

“Our goal is by the first quarter of 2019, everyone will have room service,” Leggio said. “Everyone will have linen napkins; everyone will use silverware. You would be surprised at the impact that makes for people.” Leggio suggested that it may be possible to have supplemental charges for high amenity units that help pay for the expanded volume of higher quality dining services for all patients.

Another change Lenox Hill is rolling out in 2019 is offering a late-night menu for patients who want to order food from 6 p.m. until midnight. One reason for this change is that between 15 and 18 patients a day receive a change in dietary order status, meaning that they are now allowed to eat, after 6 p.m. Instead of offering these patients a box lunch, the hospital will allow them to order hot food after dinner is officially over, Leggio said.

While acknowledging that food is not the focus of the hospital business, “patients now more than ever, because they are so educated and want healthy foods, expect that a part of their recovery is eating that healthy sustainable food,” Leggio said.

Implementing Hospitality Improvements with Almost No Budget

When hospitals are redesigning their dining programs, one factor that must be considered is the cultural and demographic profiles of their patients. This was the strategy New York-Presbyterian Hospital adopted when it purchased a hospital in Lower Manhattan in 2013 that was about to close, said Odette Perriel, who was director of support services at the hospital. Another factor is that many organizations have limited budgets. This case sought to address both issues by tapping



Odette Perriel: “They were eating the same food. It was all about the presentation, and it was all about our team members and how they impacted it.”

into hospitality ideas.

With a background in the hotel industry, Perriel wanted to recreate a restaurant experience in a hospital setting, with virtually no budget. Her solution included starting every meal with beverage service. Because 70 percent of the patients at the hospital were from Chinatown, Perriel consulted the manager of food and nutrition services from that neighborhood who explained that Asian people often like to drink warm milk when they feel ill.

The hospital bought new beverage carts and carafes and began serving warm milk and hot water, or tea to patients before all their meals. Within a month, surveys showed that patient satisfaction had more than doubled, from the 40th to the 90th percentile, Perriel said.

“We never made any changes in the menu — the only change was to add the warm milk to our beverage service,” said Perriel, who is now director of environmental services at Hackensack University Medical Center. “They were eating the same food. It was all about the presentation, and it was all about our team members and how they impacted it.” In addition to the actual beverage items, the training of the team members in hospitality techniques helped to make a significant impact at very little cost — a

low cost-high impact hospitality approach.

Food and Coordination at a Cancer Program

Hospitals also need to cater to their patient's medical needs in their dining program. At Cancer Treatment Centers of America (CTCA), for example, dining services takes on a different dimension because patients may be undergoing chemotherapy and have compromised immune systems, said Peter Yesawich, '72, MS '74, PhD '76, chief brand officer for Brown-Legacy Group, which owns CTCA.

Yesawich said there is an inherent tension in the way acute care settings deliver food, because they are straddling the demands for comfort and nutritional value. CTCA has successfully produced a meal program that is meeting both those needs, since its hospitals have received a 97 percent patient satisfaction rating. "That's a remarkable number given when you consider this is the cancer business," he said.

Quality of the food, however, is not the most important aspect of care for cancer patients and their caregivers, Yesawich said. A national survey of 1,000 cancer patients and 1,000

caregivers conducted for CTCA showed that the top issue was care logistics/care management, which includes the ability to get information on test results, ease of scheduling appointments, and time spent with their doctor.

Of the top 26 aspects of care that patients list as the most important, food was included in the fourth category on the survey — comforting and stress-free environment. "The food is greatly important but it's only a dimension of care," Yesawich said. "There are other dimensions of care that at least in our business we have determined in a pretty definitive matter are more important." Tapping into ideas like those from the hospitality industry on logistics and services management to improve coordination and communications has made significant impact on operations at CTCA.

The Wellness Experience

For wellness organizations, food is a critical component of the services offered because guests who are attracted to wellness centers and spas have increasingly discerning tastes. At Canyon Ranch, which operates spas in Lenox, Mass., Tucson, Ariz., and Las Vegas, many customers arrive from New York and Boston where they've eaten at top restaurants and expect the same level of quality during their stay.

"Our guests are getting a lot smarter," said Mindi Morin, general manager at Canyon Ranch's Lenox property. "They are very savvy, especially the ones that are coming to Lenox and Tucson and on all of our cruise ships."

One of the goals of Canyon Ranch's culinary program is to provide tools guests can use to maintain a healthy diet after leaving the site. In addition to the weight loss programs and sessions with nutritionists, the spas have a food development team that provides caloric and nutritional content of all of its recipes.

"We need to make sure that our food looks good, tastes good, and is seasoned properly, and more



Peter Yesawich: "There is an inherent tension in the way acute care settings deliver food, because they are straddling the demands for comfort and nutritional value."

importantly that our guests could take these recipes to the outside world after going to a restaurant and having plant-based food,” Morin said.

Canyon Ranch creates excitement about presenting healthy food options by bringing in specialty chefs to prepare meals. The company also hosts a dine-around-the-ranch, offering six courses throughout the property, which are prepared by chefs from the staff and nearby communities.

Although Canyon Ranch is an all-inclusive destination wellness program, where guests pay a daily fee for all services, it does charge extra for special meals, because of the costs associated with preparing higher-end food and bringing in outside chefs, Morin said. But with this extra charge, the guests also become better educated about healthy food choices at the same time.

Innovations in Other Services

Beyond dining programs, and the logistics and communications approaches noted above, health care organizations have pioneered new programs in a range of other areas, including housekeeping, maintenance,



Jeff Bokser: “One of the obstacles in launching innovative programs in health care settings is the decrease in profit margins, particularly in hospitals.”

guest and resident relations, and patient services.

One of the obstacles in launching innovative programs in health care settings is the decrease in profit margins, particularly in hospitals, which accelerated over the past year, said Jeff Bokser, MHA '01, vice president for safety, security, and emergency services at New York-Presbyterian Hospital.

“The challenge for us is that 60 percent of our beds are filled by patients that we lose money on,” Bokser said. “The remaining 40 percent of the patient population is declining. Insurance companies are getting smarter and reimbursement is moving in the opposite direction.”

As a result, hospital administrators are asking whether proposed innovations will add value to the organization and the patient experience. Before innovations can be rolled out, however, hospitals need to focus on creating a culture based on the basics, Bokser said.

One example of this strategy is the “respect credo” created at New York-Presbyterian, which requires employee to attend training sessions and pledge to embody the values of the program, similar to approaches at many hospitality companies. Other basics practices the hospital has focused on are workplace safety, employee well-being and health, and disaster preparedness.

While not always well documented, and accordingly, something that should be researched further, there was discussion of housekeepers, or other support staff who have gotten to know a patient, sensed a change in status, and alerted the clinical staff, sometimes averting even a potentially life threatening situation. With anticipated future staffing shortages among clinical staff, adopting a more hospitality-style training along with empowering support staff to alert caregivers, may have the potential of both making support services jobs more meaningful and helping support the busy clinical staff.

Paying attention to the first and last impression patients receive when entering a hospital is also critical to improving their experience. At Dana-Farber Cancer Institute, parking valets are regularly praised by patients who commend them for warmly greeting them each morning when they arrive at the hospital and when leave each day after treatment, said Wendy Gettleman, Hotel '87, vice president of facilities management and real estate at Dana-Farber.

The hospital hires valets who are engaging and willing to make a personal connection, Gettleman said. She noted that one parking valet even asked for an afternoon off to attend the funeral of his favorite pediatric patient and was asked by the family to speak at the service.

Patients should be viewed as a valuable resource when hospitals are designing new facilities, Gettleman said. During the planning phase for a new outpatient facility near Boston, Dana-Farber held more than 200 user-group meetings with nurses, technicians, patients, and family members to solicit feedback on the project.

“It’s important to get it right,” Gettleman said. “For those of you who are in design and construction, it’s a lot easier to ask the questions up front than to redo the work after you’ve built it.”

The Importance of Culture

What can move health care organizations to bring hospitality principles into their operations is focusing on creating a workplace culture and finding employees who agree with their core values, said John DeHart, Hotel '96, cofounder of Nurse Next Door and LIVE WELL Exercise Clinics, based in British Columbia.

“We often miss culture because it’s a soft fuzzy thing that we don’t understand as well as the operations side of the business,” DeHart said. “In my business, I’ve used it as a strategic weapon. If I have one strategic imperative in my business, it’s always culture.”



John DeHart: “We often miss culture because it’s a soft fuzzy thing that we don’t understand as well as the operations side of the business.”

Four years after founding Nurse Next Door, which had rapidly grown from 1 caregiver to 1,000, DeHart realized he needed to change the culture of the company because it was not focused on the principles of hospitality. After firing nearly half the staff in the main office, he studied successful brands — Starbucks, Toyota, and Disney — and found they all had three common elements: purpose, core values, and vision.

“These companies figured out how to operationalize it and how to bring it alive in their employees,” he said. “We all have core values on our walls, we all have these mission statements, but we haven’t figured out how to inculcate them into our cultures and bring them alive.”

DeHart made a commitment to instill core values into his company by creating a multi-step hiring system to determine if prospective employees fit the company’s mission. Within five years, Nurse Next Store had become the health care company that was the best place to work in Canada, DeHart said.

“We talk about a talent shortage in the next ten years,” he said. “There’s a reason why culture is the number one mandate in our company and

it always will be. It's a very simple formula. I know if I get that piece right and I know if I have the best culture, our competition won't be able to attract people like we do."

In a business like home health, a culture that attracts people with a hospitality-type mindset, coupled with hospitality-inspired recruiting, training, and processes that facilitate this, has helped the organization grow to one of the largest of its type in Canada with exceptional customer and staff satisfaction and outstanding Net Promoter Score® results.

Final Thoughts

The roundtable concluded with a discussion of the challenges health care organizations face in creating a culture of hospitality and motivating employees to embody those core values.

One obstacle is the sheer size of the workforce that must change their behavior to comply with the organization's culture, particularly at companies that operate several health care facilities. Northwell Health, for example, employs 66,000 employees across its network of 23 hospitals, including Lenox Hill.

"Culture is really important to us," Leggio said. "John (DeHart) was able to hit the button, stop,



Meredith Oppenheim: "It's often not surprising when you see the person who is totally exhausted, barely making ends meet. It's a tough business,"

reset, and start again. We can't do that – not with firing half the staff."

Another issue many health care organizations struggle with is their employees may be working a second job when they show up for their shift at a hospital or senior living facility.

"It's often not surprising to me when you see the person who is totally exhausted, barely making ends meet, just be there to get the work done and say that I showed up – hopefully on time," said Meredith Oppenheim, '95, business advisor of Oppenheim Architecture and founder and CEO of Nurture Med. "It's a tough business."

Finding employees to work in the industry is difficult because of the growing financial constraints, particularly with many hospitals losing money on 60 percent of its patients, Bokser said. "It's very hard to become that Google, where you could offer pet insurance and everything else and attract the labor and the individuals that you want in your organization," he said.

While it's a challenge to transition hospitality principles into the health care environment, some roundtable participants said progress has been made in creating a culture focused on the needs of patients. "It's going to take a longer time for health care organizations to get there, but the shift has already begun," Perriel said.

One way health care facilities can achieve the goal of integrating hospitality principles is to determine whether existing structures and processes are consistent with the organization's core values, said Dionne Dixon, administrative director in the Department of Clinical Patient Care Services at Hackensack University Medical Center.

"If health care steps back and looks at some of the structures and processes and looks at the alignment," Dixon said, "we'll be better able to transition and achieve some of the results that we're trying to get from hospitality."

While there are no easy solutions, the innovation practices presented at the roundtable indicate that the health care industry is increasingly focused on the ethos of hospitality, Brooke Hollis, MBA/Sloan '78, executive director of CIHF, said in concluding the conference,

“It’s a journey we’re exploring here, and it’s just starting,” he said. “We’re not too far into it, but we look forward to hearing additional ideas of how you are integrating some of these hospitality ideas into your organizations, including how you are tapping into the dining and support services staff to make things better.”

For additional information on CIHF programs, please contact the institute at CIHF@cornell.edu.



Agenda

Cornell Institute for Healthy Futures

Innovating Across Health, Hospitality, and Design

2018 Roundtable: Dining and Service Innovations Across the Health Care Continuum

Tuesday, October 9, 2018

5:00 - 7:00 p.m. **Welcome Reception**

Roundtable Co-Chairs: **Brooke Hollis**, Executive Director of CIHF and Associate Director of the Sloan Program in Healthcare Administration

Alex Susskind, Associate Director of CIHF and Associate Professor in the School of Hotel Administration

Wednesday, October 10, 2018

7:30 - 8:00 a.m. **Registration and Networking Breakfast**

8:00 - 8:20 a.m. **Welcome and Introductions**

AM Session 1 **Dining Innovations in Senior Living and Post-Acute Care Settings**

8:20 - 9:05 a.m. **John Rijos, SHA '75**, Operating Partner, Chicago Pacific Founders, American Senior Housing Association

Frances Showa, National Director of Culinary Operations, Grace Management, Inc.

9:10 - 9:55 a.m. **Michele Lefebvre**, Director of Nutrition Management, Cornell Dining

Cheryl Lucas, Director of Culinary Services, Mather LifeWays

9:55 - 10:25 a.m. **Networking Break**

AM Session 2 Dining Innovations in Acute Care and Other Settings

10:25 - 11:10 a.m. **Joe Leggio**, Senior Director of Patient and Customer Experience,
Northwell Health

Odette Perriel, Director of Environmental Services, Hackensack Meridian
Health, Hackensack University Medical Center

11:15 a.m. - 12 p.m. **Mindi Morin**, General Manager, Canyon Ranch

Peter Yesawich, SHA '72, MS '74, PhD '76, Chief Brand Officer,
Brown Legacy Group

12:00 - 1:15 p.m. **Lunch and Discussion:**
Launching the New CIHF Minor

1:30 - 2:00 p.m. **Report out of Lunch Discussion**

**PM Session Other Services: Housekeeping, Maintenance, Guest/Resident Relations,
Patient Services**

2:00 - 2:50 p.m. **Jeff Bokser**, MHA '01, Vice President - Safety, Security and Emergency
Services, New York-Presbyterian Hospital

Wendy Gettleman, SHA '87, Vice President of Facilities Management and
Real Estate, Dana-Farber Cancer Institute

3:00 - 3:50 p.m. **John Dehart**, SHA '96, Co-Founder, Nurse Next Door and Co-Founder,
LIVE WELL Exercise Clinics

3:50 - 4:00 p.m. **Closing Remarks**

Roundtable Co-Chairs

Brooke Hollis

Executive Director, Cornell Institute for Healthy Futures
Associate Director of the Sloan Program in Healthcare Administration
Cornell University

Alex Susskind

Associate Director, Cornell Institute for Healthy Futures
Associate Professor, School of Hotel Administration
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Participants

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President, SageLife

Aron Berman

Assistant Executive Director, Pennsylvania Hospital, Penn Medicine

Jeff Bokser, MHA '01

Vice President - Safety, Security, and Emergency Services, New York-Presbyterian Hospital

John DeHart, SHA '96

Co-Founder, Nurse Next Door and Co-Founder, LIVE WELL Exercise Clinics

Salvatore DiPalma

Executive Chef, Pennsylvania Hospital, Penn Medicine

Bo Edvardsson

Professor and Vice Rector, Karlstad University

Vaibhav Garg

Director, Area Talent and Culture - Maldives, and Executive Assistant Manager, AccorHotels - The Maldives

Wendy Gettleman, SHA '87

Vice President of Facilities Management and Real Estate, Dana-Farber Cancer Institute

Marian Gryzlo

Director of Corporate and Strategic Partnerships, Ronald McDonald House-New York

Kejia Hu

Assistant Professor, Operations Management, Vanderbilt University

Heather Kolakowski, SHA '00

Lecturer, School of Hotel Administration, Cornell University

Lu Kong, MS '13, PhD Candidate

School of Hotel Administration, Cornell University

Michele Lefebvre

Director of Nutrition Management, Cornell Dining

Joe Leggio

Senior Director of Patient and Customer Experience, Northwell Health

Corinna Loeckenhoff

Associate Professor, Cornell University

Cheryl Lucas

Director of Culinary Services, Mather LifeWays

Pat McBride

Vice President of Clinical and Compliance, Capella Living Solutions

Mindi Morin

General Manager, Canyon Ranch

Meredith Oppenheim, A&S '95

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Odette Perriell

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University Medical Center

John Rijos, SHA '75

Operating Partner, Chicago Pacific
Founders, American Seniors Housing
Association

Robert Ritz, MHA '87

Chief Executive Officer, Mercy Health
Network, Mercy Medical Center

Lynne Rizk, Associate Principal, HKS

**Stephani Robson, SHA '88, MS '99, PhD
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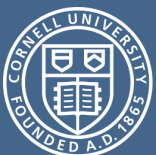
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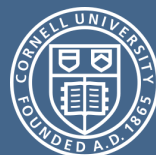
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