



Connecting & Partnering across Public Health

We all have a role to play in public health, and intentional collaboration allows every partner to bring their unique capacities and expertise. PHI's nimble, responsive infrastructure and deep connections extend the reach of our partners. We work across communities, government, philanthropy, and other sectors like healthcare and community development, which gives us the capacity to connect on-the-ground work in communities all the way across to high-level policy change. PHI also provides technical assistance, creates opportunities for shared learning, creativity and collaboration, and connects partners to information, tools and resources to strengthen their work in advancing health and racial equity.



Overdose Prevention Networks Play Unique Role in Addressing Opioid Crisis

Opioid-related overdoses and deaths have increased dramatically in the United States.

In California, PHI's California Overdose Prevention Network (COPN), is creating multi-sector community coalitions that build unprecedented partnerships and foster engagement across sectors. These coalitions represent the communities they serve, address stigma, and help to make policy relevant in the local environment through four core areas of work: preventing new addictions, managing pain safely, treating addiction, and stopping overdose deaths. The coalitions have been instrumental in expanding access to naloxone and Medication Assisted Treatment (MAT), and in utilizing data to inform local action. California communities with an opioid coalition saw a 21% reduction in fatal opioid overdoses between 2015 and 2018.

The coalitions have implemented a broad range of successes including:

- To make naloxone more accessible in their county, the San Luis Obispo (SLO) Opioid Safety Coalition collaborated with the Cal Poly Digital Transformation Hub (DxHub) and a team of university students to develop Naloxone Now. Using Naloxone Now online or through the phone app, SLO community members can find the nearest location to get naloxone or have it delivered at no cost.
- The Butte Glenn Opioid Safety Coalition re-engage with law enforcement to change policy and getting naloxone in jails. They also launched a pilot program that gives inmates that are leaving the jail an overdose prevention kit that includes naloxone and related information and resources.



60 AmeriCorps VISTA members also supported the coalitions, working in 18 high-need communities to launch Naloxone campaigns and coordinate 1,700+ community volunteers. 33 AmeriCorps members were hired by their local host sites or partner organizations, helping to fill long-term public health workforce needs in communities.

As of 2023, COPN included 41 coalitions, representing 45 counties in California. COPN is the largest overdose prevention network in the country, with active coalitions serving 85% of California's 39 million people.



“Before COPN we operated in a more isolated way... COPN has broadened our perspective and given us a sense of unity with other coalitions tackling our nation's overdose epidemic.”

— COPN LOCAL COALITION TEAM MEMBER

Informing Healthier Communities with Actionable Data Mapping



The California Healthy Places Index (HPI), developed by the Public Health Alliance of Southern California at PHI, is a powerful data mapping and policy platform that evaluates community conditions correlated to life expectancy—down to a census tract level—and identifies key policy opportunities to address health disparities and the social determinants of health. It is used by state and local agencies to identify and understand the needs of communities, and to provide targeted interventions and support where they can make the most impact.

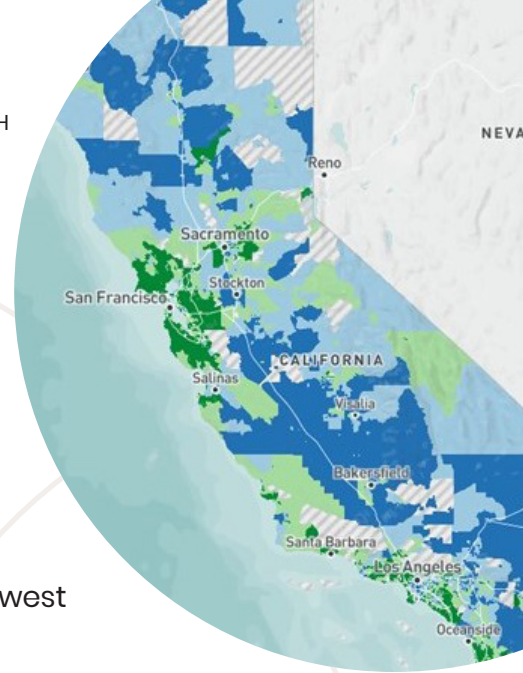
The HPI also supports communities, philanthropy and government to identify and prioritize health promoting programs and investments in neighborhoods that have historically been under-resourced. Altogether, it has directed \$4.2 billion in equitable investments.

California’s Marin County is making a transformative shift in public governance to directly empower community members in historically under-resourced neighborhoods and fund their chosen solutions to improve health and equity. County leaders used HPI as an equity metric to identify neighborhoods that score under its 70th percentile, indicating that the areas are experiencing disproportionate economic and racial health disparities. The county then prioritized these neighborhoods in its participatory budgeting process and proposals, empowering community members to decide which solutions they wanted to invest in and guiding funding directly to local community-based organizations—ultimately disbursing a \$2.5 million investment from the American Rescue Plan Act to local nonprofits.

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The California Arts Council’s Creative Corps Pilot Program used



HPI to invest \$60M in artists and organizations in quartile one communities to develop projects that foster social justice, public health, and climate action while promoting civic engagement, economic mobility, and health equity. To meet the Creative Corps grant allocation requirements, awardees must either live in or work closely and demonstrate solid and continuous connections with communities that fall within the lowest quartile of the HPI.

The HPI's influence extends beyond California, where the Utah Healthy Places Index, developed in partnership with the Utah Department of Health and Human Services, earned the 2023 Chronic Disease Innovator Impact Award from the National Association of Chronic Disease Directors.



“When we discovered the Healthy Places Index, it really clicked for us. It confirmed much of what we already knew about the assets and challenges of under-resourced communities in our area, but more importantly, it provided a data-driven foundation for us to direct our participatory budgeting funds to communities with the greatest needs.”

— JAMILLAH JORDAN, MARIN COUNTY'S DIRECTOR OF EQUITY

Partnering Across Sectors to Reduce the Burdens of Asthma

In partnership with the National Center for Healthy Housing (NCHH) and with support from the U.S. Environmental Protection Agency, PHI's Regional Asthma Management and Prevention program (RAMP) is increasing the number of environmental, public health and Medicaid programs working collaboratively to support in-home asthma interventions; increase the number of health plans serving Medicaid populations that reimburse in-home interventions; and build state, tribal, and local capacity to deliver and sustain in-home environmental asthma interventions through technical assistance and training.

RAMP and the National Center for Healthy Housing partnered to create an interactive roadmap tool to support stakeholders in providing in-home asthma services. The roadmap relies upon local organizational strengths, knowledge of the community, and unique opportunities, each of which may affect a program's path. In addition to the roadmap, RAMP and NCHH released a new learning module, *Incorporating Virtual Visits into Home-Based Asthma Services* which was designed to support organizations in considering and/or implementing virtual asthma home visiting services.

“Providing support to our partners starts with building trust that while we may have some technical knowledge, it is the partners who best know their needs, priorities, strengths, and opportunities unique to their organizations and communities in which they work.”

— ANNE KELSEY LAMB, RAMP DIRECTOR

policy efforts was critical and ensuring that their voices, experiences and solutions were elevated in the fight to improve substandard housing conditions.

In 2023, RAMP also worked with partner organizations, tenants' rights groups, community advocates and elected officials to pass California's AB 548, a bill that mandates local enforcement agencies to develop locally-specific policies and procedures for inspecting a building with multiple units if determined that a rental unit is substandard or is in violation of the State Housing Law. The new bill would provide 6.8 million renters in multi-unit rental housing more protection from substandard living conditions, such as mold, lead, lack of heating, pests, which can result in serious health impacts like respiratory infections, asthma, lead poisoning, and long-term developmental damage in children. Engaging tenants in these



Diversifying the Global Health Workforce and Increasing Organizational Capacity

In 2023, PHI expanded a partnership with USAID through Generation Next, a new fellowship program which elevates emerging leaders and diversifies the humanitarian aid sector. The program is building a pathway for seniors and recent graduates of historically Black colleges and universities, Hispanic-serving institutions, Asian American and Pacific Islander institutions and tribal colleges and universities. Fellows are placed with humanitarian organizations and receive ongoing guided professional development opportunities and mentorship, helping to create a new humanitarian workforce that

reflects the rich diversity of the U.S. population and is equipped to equitably, effectively respond to humanitarian needs around the world.

PHI's Sustaining Technical and Analytic Resources (STAR) is a five-year USAID-funded fellowship that builds the capacity of global health professionals and organizations to make inclusive, collaborative and innovative contributions to today's most pressing health challenges, including malaria, COVID, TB, gender inequities and more. Fellows work with Ministries of Health, private companies, NGOs and academic institutions, while participating in customized learning and mentoring to enhance their knowledge and skills. STAR prioritizes diversity, equity, inclusion and accessibility and has incorporated "masked recruitment" to address unconscious biases in the hiring process—resulting in significant increases in diversity among hires.

“Through long conversations and planning discussions, I’ve realized that even veterans are still figuring out new ways to be efficient and impactful. My team is not just innovative, but also passionate about reaching the hardest-to-access communities. There’s so much more to learn, but my time in Nairobi has set a solid foundation for the next two years.”

— ELIZABETH BOLARINWA, GENERATION NEXT FELLOW

LOOKING BACK

52 Years Building Global Health Leadership

Beginning in 1972, PHI's International Health Programs (IHP) trained an estimated 10,000 individuals from around the world to provide health and family planning services, both in-country and at training centers in Santa Cruz, California, and Alexandria, Egypt. Health professionals trained by IHP returned to their positions in their home countries and trained others, strengthening the healthcare they provided in low-resource settings. For example, IHP helped the southern African nation of Lesotho develop a health education unit within the Ministry of Health to promote maternal and child health, family planning, and general education about AIDS and other communicable diseases. IHP's International Family Planning Health Leadership Program trained 183 fellows, many of them already leaders in their countries, to return and improve reproductive health services at home.

In 1994, PHI's Population Leadership Program partnered with U.S. Agency for International Development programs (USAID) to recruit a network of mid- to senior-level fellows and provide them with professional development training to become leaders in population, family planning and reproductive health. Many fellows went on to leadership positions with international organizations. From 2006–2023, three multi-million dollar USAID funded initiatives—the Global Health Fellows Program I and II, and the Global Health Technical Professionals Program—improved global health, international development and humanitarian assistance outcomes by hiring, training and enhancing the skills of global health professionals. These successful partnership programs between PHI and USAID resulted in the recruitment and placement of thousands of diverse, technically excellent and culturally rooted interns and fellows, with unmatched expertise and resilience.

Today, PHI partners with Credence to implement the Global Health Training, Advisory and Support Contract Program, funded through a multi-million dollar award to develop and increase the capacity of health professionals, with a focus on preventing child and maternal deaths, controlling the HIV/AIDS epidemic and combating infectious diseases.





Illuminating Media Coverage of Health and Racial Equity

PHI's Berkeley Media Studies Group (BMSG) works closely with partners throughout the nation to research how key social, political and economic issues affecting health are covered in the media, offering key recommendations to public health professionals, journalists and others for advancing health and racial equity.

Their 2023 study, *Elevating Latino Experiences and Voices in News about Racial Equity: Findings and Recommendations for More Complete Coverage* revealed that less than 6% of news about racism and racial equity referenced Latinos, who constitute nearly 20% of all Americans and over 40% of all people of color in the U.S.

BMSG's *Those Who Need It the Most* revealed that while Black and Latinx families reported hunger at almost triple the rate of white families, news coverage rarely elevated this inequity. Just 28% of articles argued that food assistance programs are justified because they help address inequities in food access; only 6% of articles mentioned people of color as recipients of food assistance programs, and just 4% specifically evoked addressing racial inequity as a rationale for improving anti-hunger programs.

In 2023, BMSG also examined: the role of community in declarations of racism as a public health crisis; connections between housing justice, health and journalism; and, gun violence.

“When Latino experiences, contributions, and concerns are excluded from news coverage, policymakers and the public don't have the facts needed to craft effective and inclusive solutions.”

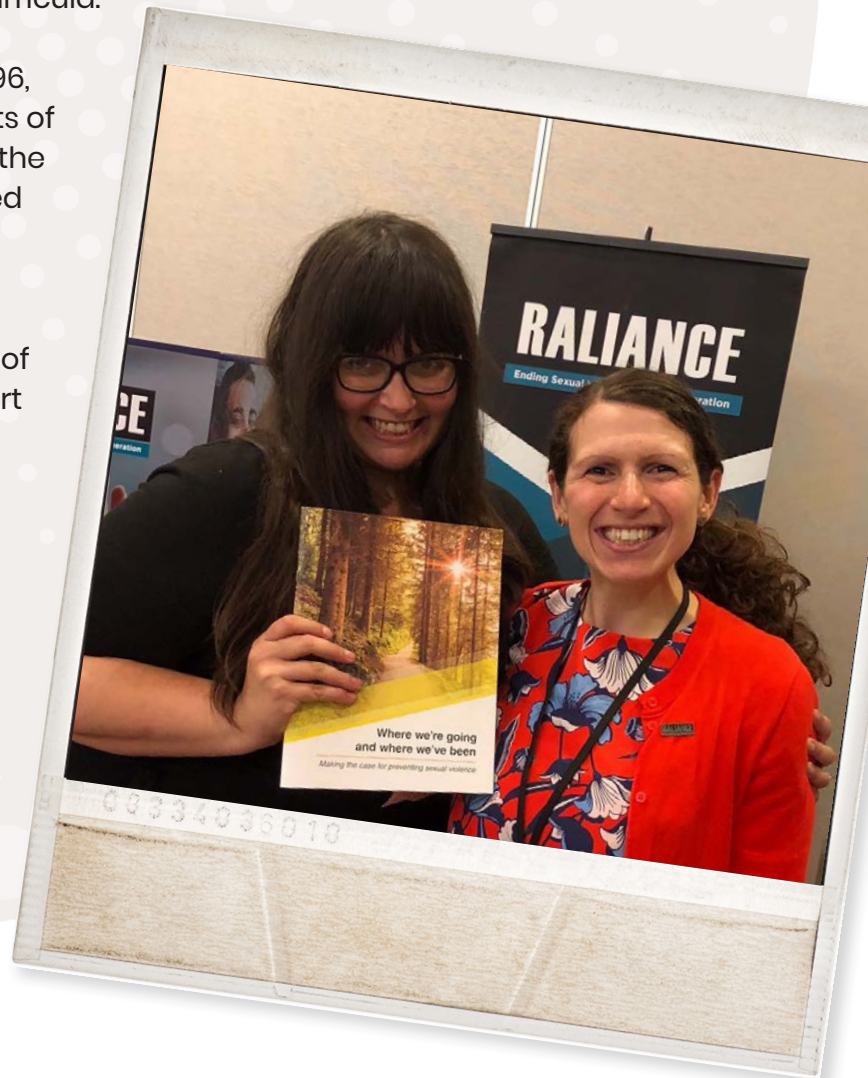
— VIVIANA LOPEZ GREEN, SENIOR DIRECTOR FOR UNIDOS US' RACIAL EQUITY INITIATIVE

LOOKING BACK

Shaping the Power of Media for Equity

Berkeley Media Studies Group (BMSG) was founded in 1993 to help public health professionals and community groups become more savvy about using the power of the media to advance public health. BMSG has worked with organizations on a range of issues, including violence and injury prevention, alcohol, tobacco, children's health, childcare, affirmative action, food and activity environments, health inequities and sexually transmitted diseases, and published numerous case studies, research papers, books, and media advocacy training curricula.

An early news analysis from BMSG, in 1996, explored how supporters and opponents of affirmative action, a significant issue in the 1996 state and national elections, framed their arguments. The resulting report, *The Affirmative Action Debate*, offered recommendations for how affirmative action advocates could do a better job of making the case for policies that support equity in employment and education.





Advancing Racial Equity in the State of California

Historical and ongoing racism has contributed to growing health disparities in communities of color. California state agencies are putting a plan of action in place to address these deep-rooted issues.

PHI's State of Equity program works alongside the California Strategic Growth Council (SGC) to advance racial equity across five categories within the organization: 1) leadership, 2) operations, 3) grant programs, 4) technical assistance and capacity building, and 5) interagency collaboration. State of Equity leads the Capitol Collaborative on Race and Equity (CCORE), a racial equity capacity-building training program for California State employees. Utilizing the knowledge, tools and resources that participants gained from the CCORE training program, the SGC developed and implemented a 2019–2022 Racial Equity Action Plan, the first state-level racial equity action plan in the nation.

Building on the CCORE program and a strong framework, the plan was updated for 2023–2025 and included new areas of focus based on feedback from engagement with communities and partners to ensure that SGC programs are addressing barriers impacting communities and improving outcomes.

Strategies include exploring ways to improve under-resourced communities' and organizations' access to state funding, such as using advanced payment and simplified program applications; establishing greater alignment with state-led, interagency racial equity advancement initiatives; exploring new ways to support greater public participation and engagement in SGC-funded projects, such as through community compensation and engagement with ethnic media; building new relationships and improved partnerships with tribes and tribal-serving organizations in California; and ensuring greater inclusion of intersectional approaches to community development and climate funding efforts that prioritize addressing the social determinants of health.

“It is all of our responsibilities to dismantle the impacts of systemic racism.”

— YANA GARCIA, DEPUTY DIRECTOR FOR THE CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY (CALEPA)

 **LOOKING BACK**

Embedding Health into All Policies

Established by the State of California in 2010, the Health in All Policies Task Force was the first organization of its kind in the nation working to include health considerations and impacts in all state decision making. Composed of nineteen state agencies, the task force aimed to advance community health, equity and sustainability. It garnered international attention for pioneering this innovative approach and tackling pressing issues, including health inequities and climate change. PHI facilitated the task force in partnership with the California Department of Public Health. The task force implemented action steps across a variety of policy areas, including embedding health and equity into state-issued policy guidance. Its major successes included the development of the first state-level “farm to fork” office, guidelines to improve nutrition in correctional facilities, and the incorporation of health and equity into key state guidance documents. Because of the task force’s effectiveness, it has been lifted up as a model. Cities and counties around California and across the nation now use health in all policies approaches in their communities. To support these local efforts, the task force’s public health facilitators developed the first U.S. guide on implementing health in all policies, *Health in All Policies: A Guide for State and Local Government*, which is the single most viewed resource on PHI.org, with more than 70,000 views. In 2022, PHI’s Health in All Policies team relaunched as State of Equity.

