



Tomorrow's public health.
Today.



PUBLIC HEALTH INSTITUTE
IMPACT REPORT

Table of Contents



1 Note from President

2 Generating Research & Ideas for Change

- 3 Prescribing Healthy Foods to Impact Diabetes — Center for Wellness and Nutrition
- 5 Uncovering Root Causes of Cancer — Child Health and Development Studies
- 6 Looking Back: Fostering Generations of Health through One-of-a-Kind Multi-Generational Research — Child Health and Development Studies
- 7 Partnering with African American Men to Tackle Prostate Cancer — Cancer Registry of Greater California
- 9 Researching Tobacco-Free Policies at Community Colleges — Alcohol Research Group
- 10 Looking Back: Changing Our Understanding of the Impacts of Substance Use — Alcohol Research Group
- 11 Respiratory Symptoms Found in School Children Who Live Near Salton Sea — Tracking California
- 12 Looking Back: 18 Years of Connecting Environmental Threats to Health — Tracking California

13 Centering Community Voices and Expertise

- 14 Accelerating Birth Justice for Black Families — Cherished Futures for Black Moms & Babies
- 17 Asian Youth Advocating for Access to Mental Health Resources — Lotus Project
- 19 Improving Life with a Serious Illness — AC Care Alliance
- 21 Trans Women Advancing Equitable Health Outcomes — Flourish Project
- 22 Kenyan Women Shining a Spotlight on Reproductive Health Solutions — CAMI Health
- 23 Rise Up Leaders Advancing Global Gender Equity in Health, Education & Economic Opportunity — Rise Up
- 25 Looking Back: Amplifying Women & Girls Leadership Around the World — Rise Up
- 26 Farmworkers Documenting the Health Impacts of Climate Change — Achieving Resilient Communities



28 History and Impact: PHI 60 Years of Partnership, Health & Equity

31 Launching & Scaling What Works

- 32 Giving Young People Training and Tools to Prevent and Treat Overdoses — FACES for the Future
- 33 Looking Back: Changing the Face of Healthcare and Public Health — FACES for the Future
- 34 Ensuring Access to Sexual and Reproductive Health Care — Access Bridge
- 35 Looking Back: Accessing Emergency Contraception — Pharmacy Access Partnership
- 36 Expanding a Lifesaving Addiction Treatment Model — Bridge
- 37 Addressing the Health of Refugee Children and Families — Sehat Initiative
- 39 Reducing the Impacts of Indoor Heat & Smoke— Science for Toxic Exposure Prevention



40 Connecting & Partnering across Public Health

- 41 Overdose Prevention Networks Play Unique Role in Addressing Opioid Crisis — California Overdose Prevention Network
- 43 Informing Healthier Communities with Actionable Data Mapping — Public Health Alliance of Southern California
- 45 Partnering Across Sectors to Reduce the Burdens of Asthma — Regional Asthma Management and Prevention Program
- 46 Diversifying the Global Health Workforce and Increasing Organizational Capacity — Generation Next
- 47 Looking Back: 52 Years Building Global Health Leadership — International Health Programs
- 48 Illuminating Media Coverage of Health and Racial Equity — Berkeley Media Studies Group
- 49 Looking Back: Shaping the Power of Media for Equity — Berkeley Media Studies Group
- 50 Advancing Racial Equity in the State of California — State of Equity
- 51 Looking Back: Embedding Health into All Policies — Health in All Policies



52 Leadership

53 Accelerating the Impact of Public Health

54 Financial Report FY2023

To read more about a program or project, look for the 



Dear colleagues, community and partners,

It is an honor to join the Public Health Institute as its President and CEO on the cusp of our 60th anniversary. For the past six decades PHI has grown and thrived as an organization and strengthened health and racial equity and wellbeing for individuals and communities, with a focus on those most underserved and systemically excluded. Our work in California, in states across the country, at the federal level, and around the globe, has changed the lives of tens of millions of people for the better.

The theme of our 60th celebration is *Tomorrow's Public Health. Today.* This year our annual report focuses on some of the capacities we think are necessary for the coming opportunities and challenges in public health: centering community voices, generating evidence and moving it into action, and launching and scaling what works to address existing and emerging health issues. At the center of it all, I believe, is collaboration and partnership.

Our report serves as a call to action: an urge to prepare now for the critical public health issues that must be addressed. It serves as a compass: to steer us toward the necessary skills and expertise we need to address them, and to the places where we can learn, where we can dig in, and where we should evolve and take things to the next level. And, it serves as an invitation: for PHI to deepen current partnerships and establish new ones, and for all of us to work and grow together to face the coming challenges.

As I look through this collection of PHI's impacts—not just over 2023, but over the past 60 years—I am most struck by the enormous number of connections, partners, and collective actions that it took to achieve them. PHI started sixty years ago as a partnership with governmental public health, and collaboration is at the heart of who we are. These successes don't belong to any of us: they belong to all of us. And it is this kind of collective, concerted and intentional partnership that will move us forward into tomorrow's public health.

I'm looking forward to the next chapter.

In community,
Melissa Stafford Jones





Generating Research & Ideas for Change

PHI's experts work closely with partners and communities to advance research that uncovers the root causes of disease and disparities, evaluates impact, and finds new solutions for treatment and prevention. Experts from across the organization collaborate with partners and decision makers to translate sound research and evidence into policies that can better the health of millions.



Prescribing Healthy Foods to Impact Diabetes

In Stockton, California, where 60% of the population has diabetes or prediabetes, PHI's Center for Wellness and Nutrition brought together local organizations to help low-income individuals living with diabetes. The Healthy Food Rx project increases access to fresh, seasonal fruits and vegetables and other healthy foods by delivering free recipe-based food boxes to approximately 450 participants' homes and providing hands-on education about managing their diabetes through nutrition. PHI's Center for Wellness and Nutrition designed and implemented Healthy Food Rx with Stockton-based organizations, with funding support from the Abbott Fund.

Community Medical Centers, a local Federally Qualified Health Center in Stockton, helped to identify participants to receive food boxes from the Emergency Food Bank Stockton/San Joaquin that were delivered directly to their home every other week for a year. The boxes included healthy ingredients for a family meal, containing vegetables, fruits and staples such as beans, rice and nuts. The boxes also included recipe cards and links to an optional online cooking class with the Emergency Food Bank, who also provided additional guidance and diabetes education to participants.

“It has taught me how to cook things, like dandelion greens and kale, that I never knew existed. It has been very educational.”

— SHANE BAILEY, HEALTHY FOOD RX PARTICIPANT (CIVIL EATS)

The Center for Wellness and Nutrition’s evaluation of the project looked at dietary behaviors, hemoglobin A1C, food insecurity and self-reported diabetes self-management behavior. The Healthy Food Rx study found a clinically significant decrease in participants’ A1C levels—an average 0.8 percent decline within 12 months for participants with uncontrolled diabetes. A1C is used to measure glucose levels, and this average decrease for the group exceeds the widely accepted 0.5% benchmark that is considered a clinically significant change and is associated with improved health outcomes in people with diabetes.

Study participants reported that they were better able to self-manage their diabetes through improved overall diet, increased physical activity and talking with mentors and friends more about diabetes management and healthy living. They also reported greater food security.

Clinically significant
change in diabetes measures.

“... it’s so exciting to see the Healthy Food Rx program improving the health of our residents with diabetes...”

— KEVIN LINCOLN, MAYOR OF STOCKTON

By delivering healthy food directly to homes and providing easy-to-follow recipes that were culturally familiar to participants, the program addressed barriers to participation that other FoodRx initiatives faced, such as access to transportation. 85% of participants stayed in the program for the first six months, and 64% stayed for the entire 12 months, which is a higher retention rate than other prescription programs have seen.

“The future of Stockton depends on the health and well-being of the people who live here, and that’s why it’s so exciting to see the Healthy Food Rx program improving the health of our residents with diabetes,” said Kevin Lincoln, Mayor of Stockton. “Change happens through genuine partnership. I’d like to thank our partners for demonstrating the importance of listening, collaboration and building new solutions to tackle the challenges of diabetes.”





Uncovering Root Causes of Cancer

In 2023, PHI's Child Health and Development Studies (CHDS) research revealed that women with a history of cancer are at higher risk of having children with birth defects. Thanks to their findings, health providers are able to better inform women with cancer of potential risks and reproductive consequences at the time of diagnosis and beyond. Another 2023 CHDS study examined environmental chemical exposures during pregnancy and breast cancer risk later in life and found that exposure during pregnancy to certain chemicals commonly used as ingredients in cleaning agents, insecticides and more can contribute to later breast cancer development.

“We expect this research to lead to a better understanding of how breast cancer develops, to understand how pregnancy links to breast cancer and the role of the exposome in combination with a woman’s response to the exposome... **Knowing more about pathways to breast cancer will lead to discovery of ways to prevent it,**” said Dr. Barbara Cohn, CHDS director.

Dr. Cohn also joined “Team Pandora,” an interdisciplinary, collaborative effort from scientists around the world, to compete in the prestigious Cancer Grand Challenges. Team Pandora, which was shortlisted for their proposal, sought to use CHDS samples to determine why the incidence of early-onset cancers in adults is rising globally, with the aim of interrogating the exposome to reveal the mechanisms linking lifetime exposures to early-onset cancers.

“This opportunity creates a chance for the riskiest, and most creative, collaborative and international team science. It’s essential to address the reasons for increasing risk of cancer in young adults and for finding clues to prevent the pain and losses to young people and their families.”

— **BARBARA COHN, PHD, MPH, AB, DIRECTOR, CHILD HEALTH AND DEVELOPMENT STUDIES, PUBLIC HEALTH INSTITUTE**

 LOOKING BACK

Fostering Generations of Health through One-of-a-Kind Multi-Generational Research



For the past six decades, the Child Health and Development Studies (CHDS) at PHI has investigated how health and disease are passed on between generations—

not only genetically, but through social, personal, and environmental surroundings. The program, lauded as “a national treasure that keeps on giving” by experts at the National Institute of Environmental Health Sciences, is the only existing opportunity for research that spans three (and in some cases, four) generations, examining the impact of environmental chemicals during critical windows of pregnancy in the womb. Researchers have followed 15,000 families since 1954, revealing novel causes and contributors to cancers, preeclampsia and high blood pressure in pregnancy, SIDS, and more.

Their 54-year study on DDT exposures was the first to provide direct evidence that chemical exposures for pregnant women may have lifelong consequences for their daughters’ breast cancer risk: daughters exposed to **higher levels of DDT in utero were nearly four times more likely to be diagnosed with breast cancer** as adults than women who were exposed to lower levels before birth.

Other research showed that exposure to some pesticides during pregnancy could alter a son’s risk of testicular cancer. In a separate study, published in *Science* in November 2020, Dr. Cohn reviewed COVID-19 breakthrough infections among 780,225 veterans. She found that vaccine protection declined from 87.9% to 48.1% during the 2021 Delta surge in the U.S. The pre-print release of the research was influential in the FDA’s decision to recommend the first series of booster shots across the U.S.





Partnering with African American Men to Tackle Prostate Cancer

African American men are at higher risk of developing and dying from prostate cancer in their lifetime, compared to men of any other race. The relative contributions of social and genetic factors to this inequity remains unclear. The RESPOND Study (*Research on Prostate Cancer in Men of African Ancestry: Defining the Roles of Genetics, Tumor Markers and Social Stress*) is one of the largest studies ever to look at lifetime and underlying stress factors, such as systemic racism, genetic predisposition, access to healthcare and tumor characteristics that put African American men at higher risk for developing and dying from prostate cancer.

The study involves seven states and thirteen cancer registries, which cover regions representing approximately 40% of African American men in the U.S. with prostate cancer. RESPOND is more than 20 times the size of any single previous prostate cancer study involving African American men.

California's regional cancer registries, which include Greater California (led by PHI), Los Angeles and the Greater Bay Area, represent three of the thirteen national research partners supporting the study. Researchers from these registries serve as critical partners in identifying African American men in California who have been diagnosed with prostate cancer and collecting surveys and specimen data to analyze

different factors that put African American men at greater risk of this disease. The regional

cancer registries serve as the only data repository in the state for all reportable cancer occurrences among Californians, and their data are used to support thousands of research studies and publications on various types of cancers.

10k+
African American men enrolled in the RESPOND study over the span of 5 years



“The California Cancer Registry leaves no one out — whatever their age, race/ethnicity, gender, income, education or other characteristics, every patient’s cancer journey is recorded. They have been described as ‘the eyes with which we see the cancer problem.’ Without it, we would be blind to how a major cause of illness and death has affected the people of California and the nation across the past 50 years.”

— ALLISON KURIAN, M.D

Godfrey Wilson serves as a Community Liaison and is a member of St. Columba Catholic Church, one of the largest African American catholic churches in Oakland, CA. Wilson lost his brother to prostate cancer and dedicates his time to making sure that other men understand prostate cancer, that they’re connected to quality health resources and are supported during their treatment journey.

He helps recruit African American men who have been diagnosed with prostate cancer into the study, and serves as a support system to them. He works alongside the University of California, San Francisco, which is a partner on the study, and works closely with the faith-based community, Brother-to-Brother, Knights of Peter Claver and other communities.

Researchers hope that the information they gather from the RESPOND study will lead to more effective interventions for preventing the disease, earlier diagnosis, and advancements in treatment options for African American men.



Researching Tobacco-Free Policies at Community Colleges



In California, only 76 of the 116 community college campuses (about 66% of campuses) were 100% smoke-free or tobacco-free in 2023. This is a stark contrast to California's four-year public colleges which are all tobacco-free. In response to this disparity, a research team at PHI's Alcohol Research Group conducted a mixed-method study that examined both campus and community influences on what makes a community college 100% tobacco-free.

Study findings pointed to factors used to facilitate the adoption of tobacco-free policy at California community colleges. Campus-community partnerships, external funding like the Truth Initiative, policy framing specific to each college and student interests, and strong student champions to coordinate and advance policy efforts, were all critical to adoption, while factors such as staff and student turnover posed barriers. Results are being used to help the remaining 40 community college campuses overcome institutional and other barriers to tobacco-free policy adoption and to deliver more effective environmental strategies to reduce tobacco-related disparities.

The tobacco-free campus policy study led to strong relationships with California community colleges and additional research opportunities for ARG and its partners. These relationships have also led to further collaborations around other public health issues of high priority for students at community colleges, including reproductive health services, mental health services, student health services, and basic needs.

66%

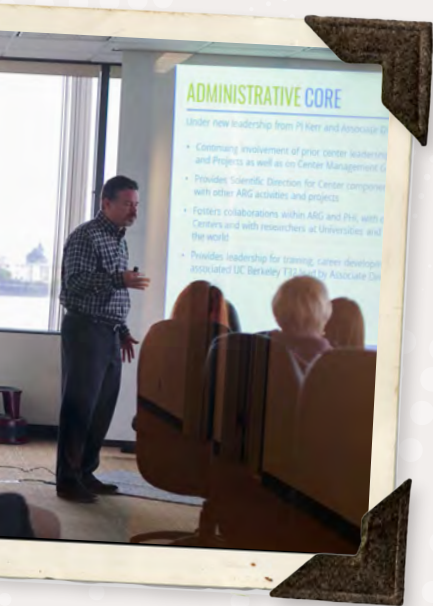
of community college campuses were 100% smoke-free compared to 100% of four-year colleges

The research project grew out of seed funding that the Alcohol Research Group received from PHI's Development Assistance Fund. The fund provides micro-grants, typically under \$10k, to PHI programs to help them expand innovative ideas into competitive grant awards. In 2024, the effort will expand under an \$800,000 award.



 **LOOKING BACK**

Changing Our Understanding of the Impacts of Substance Use



Since 1959, PHI's Alcohol Research Group (ARG) research has explored how alcohol and drug use changes over time, its impact on health and society, the best ways to support the needs of people with substance use disorders, and the environmental and social structures that drive alcohol- and drug-related health inequities. Researchers at ARG have presented at over 1,500 national and international conferences and meetings and authored over 2,000 publications and book chapters. Their significant body of research has informed policies and practices related to substance use at the local, state, federal and global levels.

For over 53 years and in collaboration with the University of California, Berkeley, ARG's training program has mentored and supported 280 scholars in their journey to become researchers, scientists, professors, authors, and public health practitioners. Since 1977, ARG has been home to the National Alcohol Research

Center, one of 18 centers funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the only center to specialize in alcohol-related disparities and inequities.





Respiratory Symptoms Found in School Children Who Live Near Salton Sea

As a result of water transfers and conservation efforts, the Salton Sea, located in California's Imperial Valley, is rapidly drying up and revealing a large shoreline of playa contaminated by pesticides and other agricultural toxins. The Imperial Valley ranks among the worst nationwide in ozone and particulate matter, contributing to poor air quality and the Salton Sea's dry lakebed is poised to contribute substantial amounts of wind-blown particulate matter, leading to declining regional air quality. For decades the air quality in Imperial County has also exceeded state and federal safety standards, and as a result, the county has one of the highest rates of asthma-related hospitalizations and emergency room visits for children in the state.

Community concerns regarding the potential impact of the drying sea and children's respiratory health led to the initiation of the Children's Assessing Imperial Valley Respiratory Health and the Environment (AIRE) study, a community-academic partnership to assess the health effects of childhood exposures to wind-blown particulate matter and inform public health action in the Imperial Valley. PHI's Tracking California collaborated with the University of Southern California and long-standing community partner, Comite Civico del Valle, for the study. Community members from this predominantly Latino community identified two priorities for the study, which were to understand the possible health effects of the shrinking Salton Sea and to track asthma and respiratory health among local children. 750 school children in Imperial and Riverside counties were surveyed.

Researchers found a high prevalence of respiratory symptoms among this cohort, including allergies, bronchitis symptoms, wheezing, and asthma diagnosis, which exceeds both CA state and US national prevalence estimates for children. Findings will help inform ongoing public health action in the Imperial Valley.



LOOKING BACK

18 Years of Connecting Environmental Threats to Health

Tracking California joined PHI in 2006, when it was known as the California Environmental Health Tracking program, whose aim was to deliver data and science-based analyses on the trends, distributions and relationships between diseases and environmental threats. Its sophisticated, hyper-local data and tools have uncovered findings that have changed health policies and interventions. They have identified new California communities with elevated breast cancer rates; found that states were not testing adequately for lead exposure, missing more than half of their lead-poisoned children; and, revealed the amounts of pesticides applied near public schools and health disparities among children attending schools near the most pesticide use.

In 2010, the Public Health Institute established the **Center for Climate Change and Health** to reduce the negative impacts of climate change on human health, and to promote opportunities to improve health through strategies to address climate change. At the time it was launched, there were few working on the intersections between climate and health. The Center for Climate Change & Health went on to pass some of the strongest climate policy bills in the country.



Centering Community Voices and Expertise

Community members carry essential knowledge and expertise about their communities and the challenges they face, as well as the solutions needed to achieve meaningful, lasting change. Community engagement isn't an end point, but an ongoing, iterative process that involves sharing power, listening, integrating lessons learned and evolving in our work. PHI works closely with communities to address systemic inequities, and support their voices being centered and formative in research, policy and interventions.



Accelerating Birth Justice for Black Families



PHI's Cherished Futures for Black Moms & Babies (Cherished Futures) was a multi-sector collaborative effort to reduce Black infant and maternal inequities and improve patient experiences for Black birthing people in Los Angeles County.

Over a year, Cherished Futures partnered with five participating hospitals (Antelope Valley Medical Center/AVMC, Miller Children's and Women's Hospital Long Beach, St. Francis Medical Center, Torrance Memorial Medical Center and UCLA Health) to improve birthing experiences and outcomes for Black moms in several areas, including breastfeeding.

Breastfeeding offers extensive and lasting health benefits that are particularly vital in the Black community, where infants face higher mortality rates and disproportionate preterm births. Breastfeeding is linked to a decrease in sudden infant death syndrome (SIDS) and helps prevent conditions such as diabetes and obesity later in life. For mothers, breastfeeding reduces the risk of cardiovascular disease (the leading cause of death among Black women in America), and lowers the risk of breast cancer, ovarian cancer, and type 2 diabetes.

Yet a number of challenges contribute to disparities in breastfeeding in Los Angeles County for Black mothers and their children. Areas of LA County with the highest rates of infant mortality also have the lowest rates of exclusive breastfeeding at three months and the fewest lactation support resources. Black mothers in the U.S. are nine times more likely to be offered formula by hospitals than white moms.

40-70%

increase in exclusive Black breastfeeding rates at Antelope Valley Medical Center



“We have disparities in breastfeeding because of the disparities we see for maternal and child health, maternal and infant health; they’re very much mirrored to the breastfeeding rates,”

— **ASAIAH HARVILLE**, INTERNATIONAL BOARD-CERTIFIED LACTATION CONSULTANT (IBCLC) AND BIRTH EQUITY MANAGER WITH CHERISHED FUTURES.

AVMC, in collaboration with Cherished Futures, initiated programs to bridge the gap in Black breastfeeding rates, recognizing it as a strategy to improve short- and long-term health outcomes. The medical center now educates staff about the historical trauma and stigma around Black breastfeeding, stemming from when enslaved women were forced to nurse their enslaver’s infants, often at the expense of their own infants. “It’s really important for our nursing staff to understand that history and how that history has shaped Black culture in regards to the choice to breastfeed,” said Yvonne Reifensahl, a registered nurse

at AVMC. “Our goal is that the efforts that we’re doing here will be creating ongoing change within our community.”

AVMC launched a free monthly Community Black Breastfeeding Support Group, and dispatched lactation consultants to rooms designated for formula-only feeding to ensure that all families received support to make informed decisions.

AVMC’s efforts resulted in a striking increase in Black exclusive breastfeeding rates—from roughly 40% to 70%. Additionally, lactation consultations with Black patients rose from 30% to a complete 100%.

Supporting lactation is not solely the responsibility of the family but also of the community, including healthcare systems and institutions, as well as public health entities and policymakers. Cherished Futures offered recommendations across sectors to promote the initiation and prolongation of Black breastfeeding:

- **Enact Federal Paid Parental Leave:** The United States is one of the only industrialized nations without federal paid leave. According to the United Nations (UN), longer parental leave is associated with lower infant mortality rates and has a direct impact on breastfeeding initiation and duration. The UN reveals that for each additional month of paid parental leave, infant mortality is reduced by 13 percent.
- **Implement Lactation Education:** Lactation education is not mandated in medical and nursing schools. Without standardized lactation education for medical personnel, families can receive subpar education and support.

- **Increase Lactation Staff Capacity and Diversity:** Institutions should evaluate and analyze their current lactation staff capacity to determine whether the numbers are sufficient and reflect the diversity of their patient population. Institutions should also ensure that lactation education materials represent diverse patient populations.
- **Innovating Data:** Public health departments can ensure data on Black breastfeeding is regularly collected and reviewed to identify gaps and opportunities for increased support.
- **Cross-Collaboration:** Work more closely with hospitals in their service areas to enforce and support lactation policies.

The efforts of Cherished Futures and AVMC present a viable model of how collaboration between hospitals and Black leaders can create meaningful change in patient experiences and health outcomes in Los Angeles and beyond.

At the end of 2023, partners from Cherished Futures launched the California Coalition for Black Birth Justice (CCBJJ)—led by, with, and for Black women—with national and local expertise in clinical medicine, public health research, policy advocacy, and community organizing. *The California Black Birth Justice Agenda: Unifying the Vision for Systemic Change 2023*, their inaugural report, explores strategies for systemic change in the healthcare and public health domains to build longer-term, upstream, sustainable solutions that advance birth justice and equity for Black families. The agenda focuses on institutional accountability and data accessibility, Black Birth Justice workforce development and sustainability, and expanding access to community-based care, such as investing in Black-led birth centers, organizations and birth workers.



Asian Youth Advocating for Access to Mental Health Resources

The COVID-19 pandemic and racism fueled rising rates of depression, anxiety, stress, and physical health challenges in Asian American and Asian Immigrant (AAI) communities, including suicide rates. Longstanding challenges such as cultural stigma within families and communities about seeking counseling, a lack of culturally rooted mental health providers and language barriers have made it difficult for AAI communities to access mental health resources.

PHI's Lotus Project provides a safe place to address stigma, overcome barriers and find solutions, facilitated by peers and experts from the Asian American community who have experienced and understand the barriers. In 2023, the Lotus Project held multiple educational forums on AAI racism, mental health concerns, and how to better support AAI communities. The forums also explored the profound impacts of intergenerational trauma on AAI communities and highlighted community-led solutions for healing and change.



Through the Lotus Project, youth advocate interns Jessica Louie and Wesley Chen served as leaders in their high school community. They reflected and amplified the voices, stories and experiences of other AAI youth, while addressing mental health challenges in their schools and identifying solutions. During their time with the Lotus Project, Jessica and Wesley worked with other student volunteers to lead a mental health educational campaign and tailored it to meet the needs of other Asian American high school students. Jessica and Wesley educated their peers about mental health and collectively the students advocated for more school counselors through blog posts and social media outreach.



Jessica and Wesley were the only high school youth invited to speak at the *2023 White House Summit on Asian American, Native Hawaiian, and Pacific Islander Mental Health*, where they elevated the barriers, including racism and stigma, which exist in their school communities and advocated broadly for improved access to mental health resources. The 2023 summit was the first Asian American, Native Hawaiian and Pacific Islander mental health summit convened by the White House.



“I hope for the adults, service providers, leaders, and changemakers in the room and across the country to please listen to youth voices and collaborate with us to implement change to improve the mental health outcomes of Asian youth.”

— JESSICA LOUIE, YOUTH ADVOCATE INTERN, LOTUS PROJECT, PUBLIC HEALTH INSTITUTE

Improving Life with a Serious Illness

AC Care Alliance was founded in 2013 after five Black pastors from Alameda County realized people in their congregations with advanced illnesses and their caregivers needed more support, with surveys showing 30% to 50% of their congregants struggled with this issue. Pastors were often called in the final days or hours before death, but many families needed help much earlier with loved ones who had cancer, strokes, emphysema, uncontrolled diabetes, end-stage renal disease, Alzheimer’s disease, or other conditions.



After soliciting input from health systems, congregants, community groups, and national organizations, the advisory pastors—led by Reverend Cynthia Carter-Perrilliat—developed a holistic and faith-based lay care navigation intervention called Alameda County Care Alliance Advanced Illness Care Program (ACCA-AICP), based at the Public Health Institute.

Jill Joseph, MD, PhD, a professor emeritus at UC Davis Betty Irene Moore School of Nursing, worked with ACCA to refine the intervention, which was free of charge and focused on meeting the needs of participants. In a series of up to 12 phone and in-person visits, the navigators offered support in five areas of need: spiritual well-being, health, advance care planning, caregiving, and social supports (such as transportation, meals, housing). The program has since expanded from Alameda County to Contra Costa, San Francisco, San Mateo, Santa Clara, and Los Angeles counties.

“The beauty is that the care navigators come from the community they’re serving, so they have a greater ability to understand the experiences of the people they work with,” said Kate Meyers, a senior program officer for the California Health Care Foundation, which has awarded ACCA several grants. “The trusting relationships can be built sooner and better, which makes it easier for people to get the holistic support they are often not receiving from the health care system.”

“I was seeing many of them become burned out, which affected their well-being, family life, and marriage. People are extremely happy when I can connect them to a navigator, and over time, I often see the health of both the patient and the caregiver improve.”

— **BRANDON REEMS, PASTOR OF CENTER OF HOPE COMMUNITY CHURCH**

in which primary care providers refer patients to the program. More recently, ACCA formed a partnership to receive referrals from LifeLong Medical Care, a Federally Qualified Health Center located in Alameda and Contra Costa counties.

So far, more than 1,400 people have been served by ACCA’s Advanced Illness Care Program, with 55% completing advance directives and 85% receiving prayer during the visits, according to a program evaluation study led by the UC Davis Betty Irene Moore School of Nursing. The success of the program has captured the interest of faith leaders and healthcare organizations in Boston, Baltimore, Detroit, Ohio, and Washington, DC. Knowing this, Carter-Perrilliat is considering national expansion in the future.

As ACCA works to continue reducing health disparities by reaching Black people and other communities of color with serious illnesses, pastors and others on the frontlines are seeing encouraging signs of progress. For years, Brandon Reems, pastor of Center of Hope Community Church in Oakland, did not feel equipped to support caregivers in his congregation who were burdened by the responsibilities involved in taking care of declining, elderly loved ones. Now, he is able to offer them some relief.

ACCA’s care navigators are also equipped to help participants prepare for clinician visits by listing goals for the visit and prioritizing questions, or assist with completing advance directives if they are unable to speak for themselves due to illness. “They learn the importance of thinking about whether medical treatment will support healing or not and of selecting a health care agent to make decisions if they cannot do this,” said Valerie Steinmetz, a program manager at ACCA.

To further expand the program, Carter-Perrilliat’s team has been educating health care providers about the lay care navigation ACCA offers. In 2021, ACCA launched a pilot study with Kaiser Permanente’s Oakland Medical Center



Thank you to the California Health Care Foundation for permission to use this excerpt of [their longer piece](#).



Trans Women Advancing Equitable Health Outcomes

The Public Health Institute’s Flourish Project was designed to address health-related barriers faced by transgender women of color in Alameda and San Francisco counties.

The project focuses on reducing substance use and HIV, while improving health outcomes for trans women of color. To do so, it acknowledges the disproportionate disparities, discrimination and violence faced by many trans women—especially women of color—and how those can connect to housing insecurity, job discrimination, and survival sex work. When women rely on sex work because they have few options, they are at higher risk of experiencing violence, sexually transmitted infections, and incarceration.

Flourish began by hiring from within the communities they were working with, including trans women of color and former sex workers. Peer educators equipped participants with key health education, tools and support groups, and connected them to critical resources such as housing, employment, and mental health services.

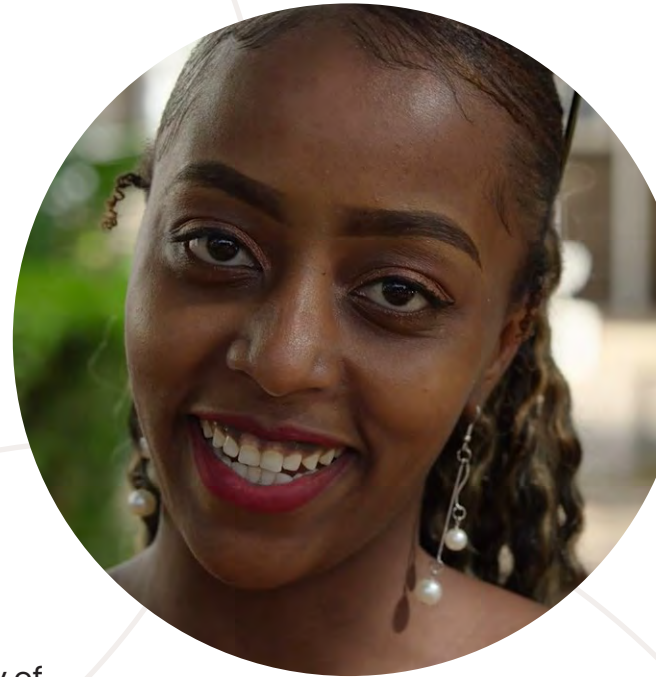
Over 5,000 people were reached through outreach activities at community gathering spots like bars, balls and community organizations, and 334 trans women participated in and completed the program. Over 3,000 referrals were made through the Flourish Project’s weekly support groups to local CBOs that provide gender-sensitive services to trans women of color. Feedback from participants and observations indicated that sessions had a positive impact on mental health, increased safer sex practices, decreased substance use and increased access to hormones via a medical provider among women who completed the program. PHI’s Health Intervention Projects of the Underserved received a 5-year grant from Substance Abuse and Mental Health Services Administration to continue operating the Flourish Project through 2027.



3k+

referrals made through the Flourish Project to local CBOs that provide gender-sensitive services to trans women of color

Kenyan Women Shining a Spotlight on Reproductive Health Solutions



The burden of HIV, other sexually transmitted infections (STIs) and unintended pregnancy is disproportionately high among young women in sub-Saharan Africa. 13% of women in Nairobi are estimated to be diagnosed with chlamydia. In Kenya, the majority of pregnancies between 2015 and 2019 were unintended and nearly 1 in 5 adults in Kisumu, Kenya are living with HIV. But data alone do not tell the whole story.

In 2023, PHI's CAMI Health and partners launched *Word on the Street: Kenyan Women Share Their Reproductive Health Stories*, an immersive mapping tool that brings epidemiological data to life through digital storytelling—elevating the sexual and reproductive health experiences, needs and solutions put forward by adolescent girls and young women, men, local influencers, and technical experts in Nairobi and Kisumu, Kenya.

By centering the lived experiences of these stakeholders on an interactive platform, the StoryMap serves as an advocacy tool to bolster the voices and needs of the most marginalized in the development of sexual and reproductive health products, particularly multipurpose prevention technologies (MPTs)—products designed to simultaneously prevent HIV, other STIs, and/or unintended pregnancy.



“A product that combines prevention for all three of them? HIV, STIs and pregnancy?” That would be perfect.”

— NJOKI, NURSING STUDENT & BRAND AMBASSADOR

Rise Up Leaders Advancing Global Gender Equity in Health, Education & Economic Opportunity

In 2023, Rise Up expanded their global network of gender equity champions in Brazil, India, the U.S., and Kenya through their Leadership and Advocacy Accelerator. The intensive program brings together local leaders to explore tools for leadership, team building, political mapping, policy change, goal setting, strategic planning, messaging, proposal and budget development, and more. Following the training, participants are invited to apply for grant funding to tackle complex education, healthcare, and economic challenges with innovative, people-centered advocacy approaches.

Rise Up Leaders are from and reflect the communities they serve, and understand on a deep, personal level the urgent gender equity issues in need of attention and advocacy. Today, the 2023 cohorts now join hundreds of other Rise Up Leaders working in communities around the world to advance gender equity—building new support networks and advancing protections for gender-based violence survivors in São Paulo, Brazil; advancing Black maternal health, housing equity and transgender rights in California; improving girls' access to education throughout Kenya; and more.

In 2023, Rise Up also released an external evaluation that shares insights on how funders can more effectively support community leaders to help them achieve their goals in gender equity policy and social norms change. The findings emphasize the power of investing in local community leaders—not as grantees whose capacity needs to be built, but as the strategists and experienced professionals that they are. It also found that Rise Up's model is highly effective in supporting leaders to drive impact: 90% of leaders said that Rise Up helped them develop essential advocacy and leadership skills.



“One of my most significant takeaways from Rise Up was the importance of empowering grassroots voices. I integrated local girl leaders into the process, collaborating with them to understand their challenges and collectively working on the problem tree. We identified a pressing issue: the safety and mobility concerns in public transportation in Delhi, contributing to an increase in cases of sexual and gender-based violence. I have taken on the leadership of a girl-led advocacy project, involving 40 local girl leaders. Together, we are actively addressing this issue with decision-making bodies in Delhi.”

— RISE UP LEADER **NISHTHA KAPOOR**, DELHI



 **LOOKING BACK**

Amplifying Women & Girls Leadership Around the World

PHI's Rise Up activates women and girls to transform their lives, families and communities for a more just, equitable world through investment in local solutions, strengthening leadership and building movements. Since 2009, Rise Up's powerful network of 800 leaders has successfully advocated for over 185 new and improved laws and policies, positively impacting more than 160 million people around the world. Their advocates and leaders have ended child marriage in Malawi, banned female genital mutilation for girls in rural Kenya, engaged men and boys to prevent gender-based violence in Mexico and improved the economic rights of girls and women in India.



Farmworkers Documenting the Health Impacts of Climate Change



Farmworkers are disproportionately impacted by extreme weather conditions and are more likely to be on the front lines and in the fields during dangerous weather events. According to the National Institutes of Health, farmworkers are 35 times more likely to die from heat exposure than workers in other industries. They are at increased risk for a range of health problems, such as heart disease, heat stroke, respiratory problems and lung cancer. During extreme climate change events, some farmworkers also risk losing days of pay and/or losing their jobs. Long-standing racism, discriminatory work practices and social barriers including immigration status, language barriers and poverty further compound farmworker health risks and health outcomes.

Through the Digital Stories project, farmworkers in Ventura County, CA documented the health challenges they experience as a result of working in the fields during extreme heat, wildfire smoke and flooding events.

Their powerful and heartfelt stories in their native languages—Purépecha, Mixtec and Zapotec—bear testament to the daily reality that often goes unseen by society and document the growing and urgent need to address these challenges. They also help to ensure that Indigenous populations are included in the dialogue around climate change and health, workers' rights and more; and serve as an educational tool to help government agencies involved with agricultural workers be more aware of farmworkers issues.





The rains have had too much of an impact on us.

Farmworker advocates like Rivelino Pascual are also advocating with other community partners for policy and practice changes to address the health impacts of climate change and advance health equity and climate justice for farmworker communities.

Rivelino is one of more than 40,000 farmworkers who contribute to the production of food grown in Ventura County, CA. In California, an estimated 400,000 to 800,000 farmworkers produce more than 400 commodities—representing over a third of the country’s vegetables and over three quarters of the country’s fruits and nuts that feed the nation.

The 2023 Digital Story Project was supported by the StoryCenter, the Public Health Institute’s Achieving Resilient Communities (ARC), Lideres Campesinas, and Mixteco Indigenous Community Organizing Project (MICOP).



“The supervisor could see that we were tired and thirsty...and would make us work regardless. And we had to put up with it so that we wouldn’t lose our jobs. We would sometimes experience dizziness, headaches and nausea. We didn’t know that these were symptoms of too much sun exposure.”

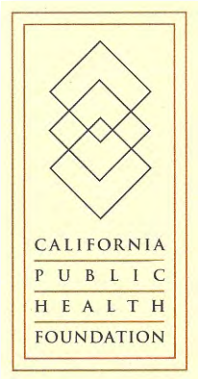
— RIVELINO PASCUAL



YEARS OF PARTNERSHIP, HEALTH & EQUITY

HISTORY

On **January 20, 1964**, The California Public Health Foundation (CPHF) incorporated as a California nonprofit to assist the state Department of Public Health (CDPH) in carrying out its mission. CPHF evolved over the years, and its name changed in 1997 to the Public Health Institute. As a result, the foundation's incorporation date is also considered the founding date of the Public Health Institute. In its early years, CPHF helped CDPH through a series of small programs, supporting staff in the department and the laboratories. Until 1979, work focused primarily on two types of trainees: laboratory trainees who conducted field work in the Division of Laboratories facilities, and public health trainees sent to city or county health departments.



Most of these training activities ended in the late 1980s as stipends declined for them.

From **1978 to 1996**, CPHF underwent dramatic growth, largely because of CDHS sole sourcing contracts and external grants management. When the sole sourcing contracts ended, non-state work expanded.

In **1980**, The California Public Health Foundation began accepting its first external grants as a "designated" agent for the California Department of Health Services (CDHS). CDHS staff acted as principal investigators.

In the mid-1980s, the State of California began sole source contracts with the California Public Health Foundation.



IMPACT

5.8m

cancer cases collected by the California Cancer Registry for research since 1988

\$43m

leveraged by California Healthy Cities and Communities through policy, program and environmental initiatives

\$170m

in diverse brand name drugs dispersed to safety net providers in California, at no charge to recipients, by PHI's Medicine for People in Need, beginning in 1999

2007

year the CDC named PHI's Regional Asthma Management and Prevention (RAMP) program a REACH Center of Excellence in the Elimination of Disparities

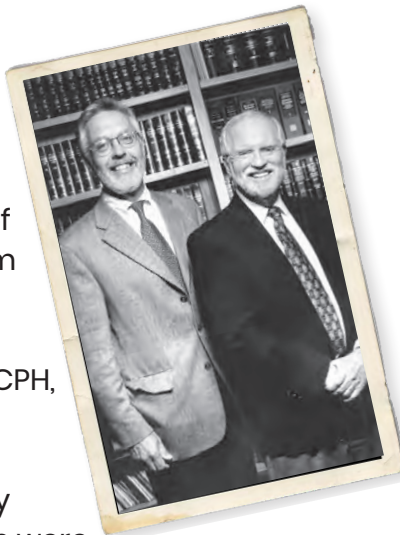
In **1987**, for the first time, independent principal investigators—who didn't work at the state Department of Health Services—brought their projects to the California Public Health



Foundation. These independent researchers had approached the CPHF to explore whether they could bring their projects into the Foundation for its project administration and

support services. Independent PIs became an important part of the Foundation's growth and impact. The Western Consortium for Health Professions, the other precursor organization to PHI, was renamed the Western Consortium for Public Health (WCPH). The Consortium, located in San Francisco, was associated with the schools of public health at the University of California at Los Angeles, the University of California at Berkeley, and the University of Hawaii. The Western Consortium for Public Health provided executive leadership and fiscal administration to the California Public Health Foundation under a management contract that lasted for 10 years. The two organizations operated under joint management from **1987 through 1996** in Berkeley.

In **1997**, The California Public Health Foundation reorganized and adopted the name Public Health Institute. Joseph M. Hafey, who had been executive director of both WCPH and CPHF, took the helm at PHI as its first president. In the same year, CPHF ended its 10-year management contract with the WCPH, and CPHF hired WCPH's leadership team. In 1998, the Foundation and the Western Consortium essentially merged. Many Consortium projects were transferred to PHI, and the Consortium was dissolved.



Many of the programs that moved over are still with us today, including the Alcohol Research Group, Berkeley Media Studies Group, Center for Collaborative Planning, and the California Cancer Registry.

160m

people around the globe with more rights thanks to policies passed by PHI's Rise Up Leaders

\$100m

PHI revenues reach \$100 million for the first time in 2000

92%

increase in low-income Californians eating recommended levels of fruits and vegetables, Network for a Healthy California research in 2011

PASSED

the most aggressive climate change bills in the country, CA SB32 and SB1383, with support from PHI's Center for Climate Change and Health in 2016

50+

years of researching links between chemical exposures during pregnancy and health across generations conducted by PHI's Child Health and Development Studies



In **2008**, Mary Pittman joined PHI as President and CEO



In **2018** PHI created its first organization-wide Diversity, Equity and Inclusion workgroup. As part of its ongoing commitment to Racial Equity, Diversity and Inclusion (REDI), PHI launches an organization-wide assessment (**2020**) and resulting report (**2021**), hires a Vice President of REDI and establishes a REDI department (**2023**) and releases and begins implementation of a comprehensive REDI Action plan (**2023**).



PHI recognized as one of the 50 “Best Nonprofits To Work For” by The NonProfit Times for the fourth time. In **2023**, 38% of PHI employees had worked at PHI for more than 5 years, thanks in part to a strong benefits package, matching retirement contributions and wellness supports including student debt support, meditation, financial wellness and more. Through the PHI Cares initiative, the organization matched as much as \$13,000 in annual charitable contributions by employees. PHI has received the “Best Nonprofits to Work For” designation each time it has applied, in **2010**, **2014**, **2019** and **2023**.

In **2024**, Melissa Stafford Jones joins PHI as President and CEO.



339k

disabled and socially vulnerable Californians engaged in emergency preparedness by Center on Disability in 2020

40m+

People reached through COVID education, food and housing assistance, and vaccine access in 2022

\$4.2b

in funding guided to communities most in need through PHI's Healthy Places Index by 2023

600

EDs across the country serving as opioid treatment access points with support from PHI's Bridge in 2023

Launching & Scaling What Works

Thanks to support from funders and partners, trusted relationships with communities, and a strong operational infrastructure, PHI is able to quickly and efficiently get resources where they are needed most. This means we can rapidly hire staff and launch new initiatives. It also allows us to scale and expand existing work over time—by bringing successful models to new geographical areas, for example, or building on established community relationships to address a priority, urgent or emerging public health concern.





Giving Young People Training and Tools to Prevent and Treat Overdoses

Jada Solis was 14 when her friend’s brother died of an opioid overdose. Overdoses and hospitalizations due to opioid drugs among teenagers and young adults in the United States almost quadrupled between 2010 and 2021. Fentanyl accounted for 80% of overdose deaths among young people in 2021.

Solis, who attended high school in Alameda, California, received her own Narcan kit after a training with PHI’s FACES for the Future’s Youth Corps. “I know to tell an adult if I know anyone who is abusing opioids, and I have the Narcan kit that I can use if I need to,” said Solis, who is now considering a future medical career in nursing or mental health therapy.

FACES Youth Corps works closely with high school youth from diverse backgrounds—many of them first generation, low-income and/or teens of color—to prepare them for career pathways in health and public health. Through trainings and skill building, the teens learn how to handle emergency and crisis situations in their communities, including opioid overdoses. During the 9-month program, high schoolers are trained in the social determinants of health, CPR, the dangers of opioid abuse, overdose intervention, mental health first aid and tourniquet application.

In 2023, FACES also continued their academic year and summer programs in multiple locations, supporting students’ entry into healthcare professions through clinical internships, workshops, academic guidance, college preparation and wellness resources.



“I know to tell an adult if I know anyone who is abusing opioids, and I have the Narcan kit that I can use if I need to.”

— JADA SOLIS, FACES PUBLIC HEALTH YOUTH CORPS

LOOKING BACK

Changing the Face of Healthcare and Public Health



Thanks to FACES, more young people from low-income communities and communities of color are gaining the confidence, skills and support necessary to pursue careers in public health, medicine and related fields—building a pathway of dedicated, diverse health professionals who look like and come from the communities they serve. Since launching in 2000 in California, FACES has expanded nationally to Colorado, Michigan and New Mexico, and has served over 4,500 students in total. 100% of FACES participants graduate from high school compared to just 40% of their peers in some communities, and over 90% continue directly to a post-secondary pathway, leading to college, employment or certification programs in health.

“It was on a FACES rotation at Highland Hospital—on the labor and delivery floor—that I solidified my goal of becoming an OBGYN... Participating in FACES allowed me to experience multiple ‘once in a lifetime’ opportunities that a young brown girl from Oakland could have never imagined possible, such as witnessing childbirths, pediatric surgeries and numerous patient-provider interactions. On top of having the unique privilege of stepping foot in clinical settings alongside medical professionals who sought to inspire me, most important is that I’ve been provided with lifelong mentors through the FACES staff and founders who genuinely care for me and believe in my journey.”

— LUPITA MEDRANO, CLASS OF 2011

Ensuring Access to Sexual and Reproductive Health Care



With current restrictions on reproductive rights and nearly half of the states banning abortions, the United States is facing a public health emergency. These significant and alarming changes have a tremendous impact on managing pregnancy emergencies and access to basic contraception. Hospital emergency rooms are an anchor in communities—they're open 24/7, available in most communities, and are staffed by clinicians who are trained to manage multiple specialties. PHI's Access Bridge launched in 2023 to address the critical role that hospital emergency departments can play in improving access to reproductive health care by integrating these vital services into emergency departments (EDs) in abortion-restricted states and regions.

Through the Access Bridge fellowship program, 22 clinicians are working in 19 hospitals across 13 states to implement core reproductive health services in their hospital emergency departments, including in: four states that have reproductive health care restrictions; five states where demographic, geographic or political realities threaten the access to reproductive health care services; and four states that have progressive policies.

Access Bridge created first-of-its-kind clinical protocols to provide emergency department physicians with clear, evidence-based guidance on the diagnosis and treatment of early pregnancy loss, along with quick-start contraception guidelines. Access Bridge staff and content experts provide training, track fellowship key performance indicators, offer individual coaching, and collaborate with national professional associations to spread best practices.



19

hospitals in 13 states participating in Access Bridge program

LOOKING BACK

Accessing Emergency Contraception

In 2002 the Public Health Institute sponsored landmark legislation that allowed pharmacists to dispense emergency contraception, also called the morning after pill or Plan B, to all women of childbearing age without a doctor's prescription. This marked the first time PHI sponsored public health legislation. PHI's Pharmacy Access Partnership led the fight for the law's passage. At the time, California was only the second state in the nation to allow pharmacists to provide emergency contraception. The legislation was expected to prevent unintended pregnancies and abortions and provide another important family planning tool. The Pharmacy Access Partnership had conducted a trial with 70 pharmacies and clinics that demonstrated the effectiveness of this approach. The partnership went on to recruit and train pharmacists throughout California after the law was passed. The *San Francisco Chronicle* said partnership director Jane Boggess "won national recognition for leading the effort that made the 'morning-after' contraceptive pill available without advanced prescriptions at about 800 participating pharmacies in California."



photo: Sarahmirk



Expanding a Lifesaving Addiction Treatment Model

Medication-Assisted Treatment (MAT) is effective in the treatment of opioid use disorders and its multi-pronged approach—the use of medication in combination with counseling and behavioral therapies—offers a collective form of treatment, helping people to recover.

The Public Health Institute’s Bridge program works to transform addiction treatment by ensuring that every hospital provides 24/7 access to evidence-based care. Bridge supports hospital emergency rooms in offering medicine to treat opioid use, particularly buprenorphine.

Since 2018, Bridge has partnered with 276 of the state’s 331 hospital emergency departments, which now offer medication for addiction treatment, access to substance use navigators, and connections to ongoing care in the community. With growing numbers of people diagnosed with substance use disorders and seeking care, it’s critical to be able to meet the needs of the community and reach more people through the expansion of emergency department services. Nearly 237,000 patients had been seen for substance use disorders as of mid-2023, more than 175,000 were identified with opioid use disorders, and more than 76,000 were provided with buprenorphine.

276
EDs in California served
65k patients with
substance use disorder
using the Bridge model

Bridge achieved these results by growing a movement for universal access to addiction treatment. By focusing on harm reduction and connection, hospital emergency departments who utilize the Bridge model are better able to reach patients that may have otherwise been missed.

Bridge has led the largest expansion of ED MAT in the country, growing from an initial award of \$5 million in 2018, to a portfolio totaling \$32 million by the end of 2023.

Today, more than 600 EDs across the country now serve as treatment access hubs in their communities.

“You might only have this one interaction. And the question is, how powerful can you make it?”

— ANDREW HERRING, MD, BRIDGE



Addressing the Health of Refugee Children and Families

Due to growing conflict, violence and poverty, millions of children and adults from Afghanistan and Ukraine have been forced to flee their country, leaving behind everything that they have and know—their homes, country, families, and way of life. Many have also experienced the loss of loved ones.

Upon arriving in the United States, refugee families face additional challenges, such as a lack of economic resources, social networks, healthcare access, literacy, and knowledge of language and culture. Children also develop significantly within their first five years, and the challenging and traumatic experiences experienced by refugee children can cause great emotional, physical, social, and mental stress, impacting their development.

Zarmina started as a client with PHI's Refugee Family Support project after escaping challenging conditions in Afghanistan. "The conditions in Afghanistan got so bad, and I couldn't longer stay in my country because I was working in an international organization," she explains. "After we came to California, we started a new life; it was very different to me. When we came here, we had nothing, we didn't have any home things or any clothes. Then we met an American lady...She was working for one of the organizations as a volunteer. She helped us with a lot of things, she bought us home supplies, clothes and food. She was so kind. She did all the paperwork for me. Then slowly I registered in PHI as a client. The first time I talked to Esra [of PHI's Sehat Initiative], we talked for about an hour. She told me about a lot of resources."

The Sehat Initiative at the Public Health Institute provides humanitarian and health supports to newly arriving refugee families from Afghanistan and Ukraine to address their critical health and well-being needs. Founded by medical and public health experts from within the refugee community, The Sehat Initiative serves as a crucial bridge between refugees and their broader health and social environment.

“Even though I worked in Afghanistan for 16 years with people and society, I’m grateful for the job that I have now, because I never thought I would become that successful in 2 years.”

— ZARMINA, HEALTH EDUCATOR AND FORMER CLIENT, SEHAT INITIATIVE

The Refugee Family Support project doesn’t just provide services; it also encourages the active involvement of and forging partnerships with community members. The Refugee Family Support project shares trust and power with the Afghan refugee community by welcoming and encouraging individuals, like Zarmina, with refugee backgrounds to join the program, while honoring their lived experiences and cultural ties, and cultivating opportunities where they can contribute positively to the community.

“I started working as a volunteer at PHI” says Zarmina. “During my volunteer time, I’ve learned a lot of new things, even though I worked in Afghanistan for 16 years with people and society. I’m grateful for the job that I have now, because I never thought I would become that successful in 2 years.” Today, Zarmina is a paid Health Educator for the Sehat Initiative at the Public Health Institute, recognized for her commitment to advancing the quality of life for her community.

Sehat Initiative began its work in 2022, with a \$133,000 grant. In 2023, through a twenty-five million dollar award from the California Department of Social Services, Sehat has rapidly expanded its successful local model, partnering with community-based organizations across California to provide support services to newly arrived youth and families from Afghanistan and Ukraine.



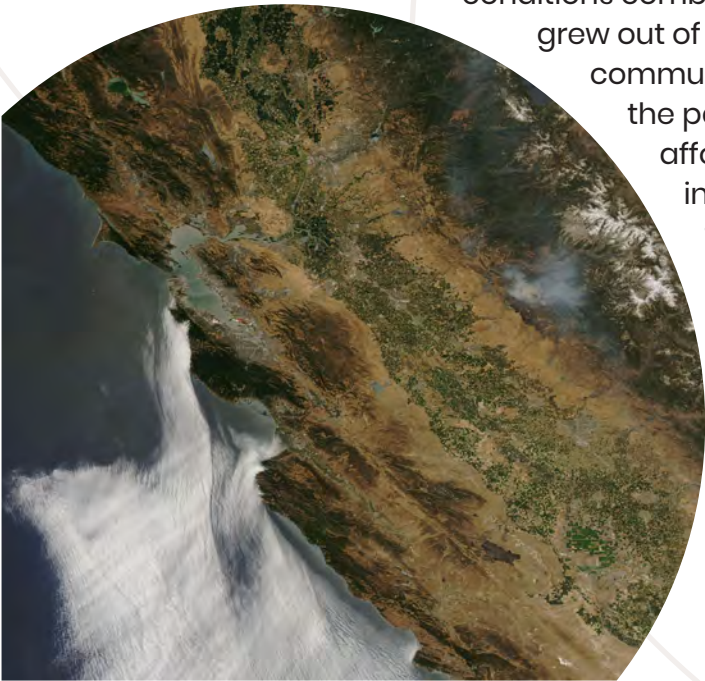
Reducing the Impacts of Indoor Heat & Smoke

In California's Central Valley, agricultural workers are disproportionately exposed to wildfire smoke. Agricultural workers are typically on the front lines during climate change events such as wildfires, and the Central Valley's unique topography traps smoke from the fires that travel from Northern and Southern California, resulting in extremely high particulate matter concentrations. Structural limitations also make it challenging to control smoke exposure for farmworkers during work hours and during the hotter months, many low-income families in the Central Valley don't have air conditioning for their homes or rely on swamp coolers that don't sufficiently filter air.



The Filtration for Respiratory Exposures from Swamp Cooler Air (FRESSCA) project led by a team of researchers at PHI and community partners focuses on installing a prototype model of a filtration system in homes to collect data and help residents breathe cleaner air, especially during wildfires. FRESSCA aims to reduce wildfire smoke exposures and health risks among agricultural workers and other low-income families by designing and field testing an affordable and effective filtration system for swamp coolers.

The project evolved after community members in the Central Valley were exposed to a convergence of wildfire smoke from multiple fires in 2020, creating hazardous smoke conditions combined with high heat for many weeks. FRESSCA grew out of these concerns from farmworkers and involves community members and community partners. Collectively, the partners are working on testing an effective and affordable air filter that community members can install in their homes and which could protect thousands of low-income families from the adverse effects of heat and wildfire smoke.





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, the California Overdose Prevention Network (COPN), a project of PHI's Center for Health Leadership and Impact (CHLI), 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.



Through CHLI's workforce pathways partnership with AmeriCorps, 40 VISTA members serve annually in the opioid coalitions and 63 total serve public health needs in CA. In 2023 members worked 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.

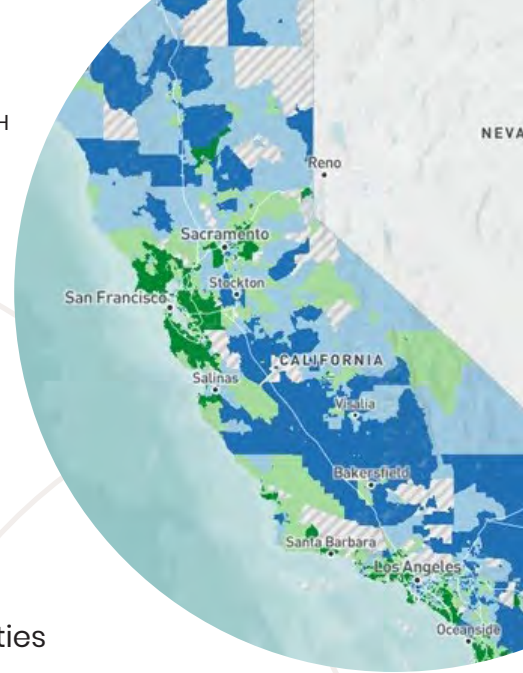
The HPI also supports communities, philanthropy and government to identify and prioritize health promoting programs and investments in neighborhoods that have historically been under-resourced. Altogether, it has directed \$4.2 billion in equitable investments.

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.

**\$4.2
billion**

in equitable
investments directed
by the HPI



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

“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

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.

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.”

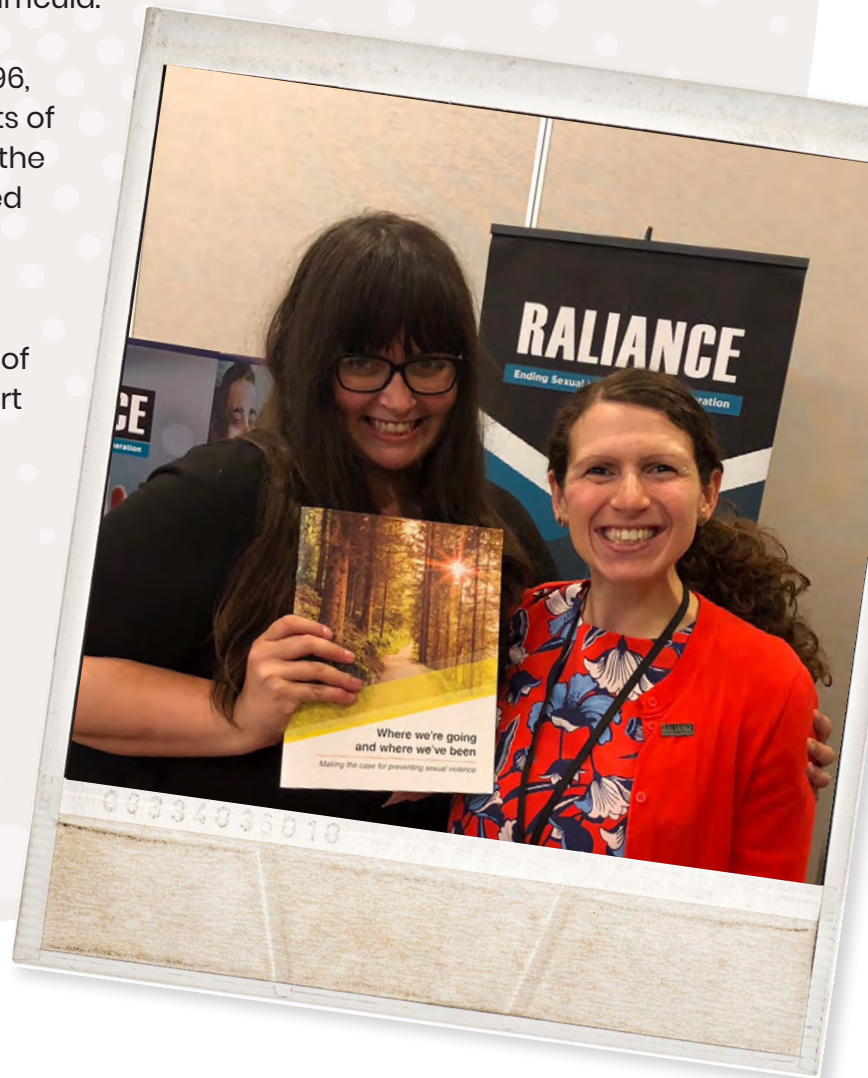
— VIVIANA LOPEZ GREEN, SENIOR DIRECTOR FOR UNIDOS US' RACIAL EQUITY INITIATIVE

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.



Leadership

phi.org/about/leadership

PHI BOARD OF DIRECTORS



Adaeze Enekwechi, PhD, MPP
2024 Board Chair
CEO
Cabaya Care



Radha Muthiah, MBA
Board Vice Chair
Chief Executive Officer
Capital Area Food Bank



Santiago Muñoz
*Board Secretary/
Treasurer*
Chief Strategy Officer
UCLA Health



Dara Johnson Treseder, MBA
2023 Board Chair
Chief Marketing Officer
Autodesk, Inc.



Sergio Aguilar-Gaxiola, MD, PhD
Director
Center for Reducing
Health Disparities



Afia Asamoah, JD, MPP
Head of Legal & People
Waymark, Inc



Anthony A. Barrueta, JD
Past Board Chair
Senior Vice President of
Governmental Relations
Kaiser Foundation
Health Plan



Sarah J. Dash, MPH
Past President and CEO
Alliance for Health
Policy



Paul K. Halverson, DrPH, FACHE
Dean
OHSU-PSU School of
Public Health



Paul Kuehnert, DNP, RN, FAAN
Chief Executive Officer
Public Health
Accreditation Board



Andrew Pines, MBA
Past Board Chair
Retired Managing
Director
Citigroup



Michael Rodriguez, MD, MPH
*PHI Program Representative
to the Board*
Director
California Alliance
of Academics and
Communities for Public
Health Equity



Melissa Stafford Jones, MPH
President and CEO
Public Health Institute

EXECUTIVE LEADERSHIP



Melissa Stafford Jones, MPH
President and CEO
Public Health Institute



Mélange Matthews, MPH, MCP
Executive Vice
President and Chief
Operating Officer



Derrick Browning
Chief Financial Officer



Matthew Marsom
Chief Programs, Policy,
and Government
Relations Officer



Valerie McCann Woodson
Chief Human Resources
Officer

Accelerating the Impact of Public Health

For 60 years, PHI and its programs have strengthened health, equity and wellness by producing new research, strengthening key partnerships and programs, and advancing sound public health policies. PHI's curated portfolio focuses on the ideas, programs and individuals positioned to transform health and build a more equitable future. Here's how we do that work:

FISCAL SPONSOR

The Public Health Institute (PHI) leads and manages public health initiatives as a fiscal sponsor. We provide operational infrastructure and administrative support—human resources, grant development and management, compliance and staffing—that allow programs to focus on what they do best: making an impact. PHI helps public health professionals—from individual researchers to large, complex projects—launch, scale, collaborate and grow. We support and sustain the next generation of public health leaders and advocates.

PARTNER & IMPLEMENTER

PHI works with funders, the private sector, communities, government and other agencies to strengthen and implement their vision. Our multi-disciplinary team provides specialized expertise—all based on best practices and rooted in equity. We bring a broad network, nimble infrastructure and a roster of proven interventions including technical assistance and staffing services. This allows us to launch new projects quickly and bring effective work to scale around the globe.

THOUGHT LEADER & CATALYST

PHI advocates for policies and legislative solutions. We develop new research and work with communities, decision makers, and legislators to enact policies and influence practices that promote equitable health outcomes. We identify emerging issues and speed staffing and resources where they can quickly make an impact. We bring the right people to the table. We influence and shape how public health issues are understood, sharing evidence for action.

Financials — FY 2023

REVENUE

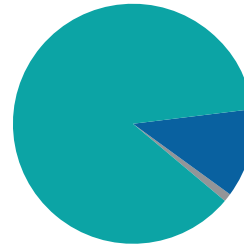
Grants and Contracts	\$283,077,811
Other Revenue	4,981,134
Total	\$288,058,945

EXPENSES

Research and Programs Services	\$239,986,616
Management and General	33,704,568
Total	\$273,691,184

NET ASSETS

Net assets at beginning of year	\$51,081,844
Net assets released from restriction	820,653
Change in Unrestricted Net Assets	13,931,043
Net assets at end of year	\$65,833,540



The information presented here is drawn from PHI's draft FY23 financial statements. At the time of publication, these numbers were under audit by independent auditors at Crowe, LLP, Certified Public Accountants.

“Our PHI partnership has helped us in so many ways. We’ve been able to focus our efforts on what matters most to assist community needs and less on the back office supports that are necessary and essential however draws us away from our ability to make our greatest impact. Knowing that we have the support of PHI gives our wings the opportunity to expand and reach as far as we can dream.”

— CYNTHIA CARTER PERRILLIAT, AC CARE ALLIANCE



555 12th Street Suite 600, Oakland, CA 94607 510.285.5500 phi.org

