

HUMAN IMPACT PARTNERS

2020-2024 STRATEGIC PLAN

HumanImpact.org/StrategicPlan

AUGUST
2020



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Welcome from the HIP Board Chair

The Friday before the Bay Area entered a shelter-in-place mandate on March 16, 2020, HIP staff and Board gathered to complete a final review and approve the Human Impact Partners 2020-2024 Strategic Plan. We didn't know then that our lives would be altered so dramatically by the ensuing public health and economic crises.

Yet the work you'll read here is only ever more urgent. And though the world has shifted on its axis, our clarity and strength of vision has only deepened.

This “COVID-19 reality” we are collectively experiencing magnifies a social landscape carved out by decades of disinvestment in public health and entrenched structural racism. Communities of color, low-income communities, and all those most harmed by structural inequity are bearing the brunt of the pandemic, from essential workers laboring with limited protections, to those incarcerated made immediately vulnerable to outbreaks, to immigrant families without unemployment benefits or support to weather the economic crisis. The material conditions and narratives that have decimated our public health and social infrastructure are exposing their violent, traumatic nature.

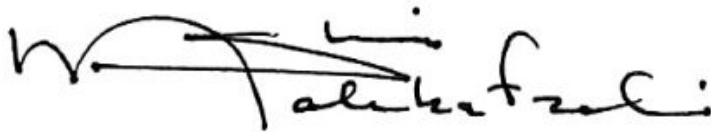
At the same time, we see powerful movements toward collective healing flowing from the grassroots. Communities across the country have come together under the leadership of Black movement builders to demand an end to the police murders of our Black and Brown families, and to re-envision a world where we keep each other safe. Neighborhoods and community groups have mobilized to set up mutual aid networks, to sew and distribute PPE for health care workers and others, to step in with care and support where social services have failed. Conversations are increasingly turning toward the roots of the racist structures that produce health inequity, along with the irrefutable truth of our mutual interconnectedness and resilience.

Human Impact Partners, along with many in health equity and social justice movements, have long been sowing the seeds to forge a social contract grounded in equity and healing. For years, we have focused on the intersection of health, equity, and economic justice. The roots and relationships we have laid are now more critical than ever.

And already, we have a tradition of responding to the times with strength and intentionality. In early 2017, the HIP team mobilized to address a federal administration that arrived with an explicit agenda of fear, racism, and othering. The Public Health Awakened network was born from a search for solidarity, a desire to build a public health organizing muscle to bolster a health equity movement.

I have no doubt that from this current moment of crisis, HIP will continue to build and nourish this beautiful, transformative work. This strategic plan is us refining our vision and deepening our resolve for the next part of the journey. And I so look forward to being a part of it.

With gratitude,

A handwritten signature in black ink, which appears to read 'Shireen Malekafzali'. The signature is fluid and cursive, with a large initial 'S'.

Shireen Malekafzali

Human Impact Partners Board Chair

Welcome from the HIP Co-Directors

Greetings, dear reader. Welcome to the 2020-2024 Human Impact Partners Strategic Plan! This strategic plan outlines a new clarity around our mission, vision, values, theory of change, and the impacts we want to have in the world. We will use it as our guiding star over the next 5 years, as we chart the course for the next phase in our organizational journey.

Though this plan was formed and finalized in the months before the pandemic altered our reality, and before the people's movement to end policing and state violence echoed across the nation, the pages that follow and our commitment to this vision is only renewed with greater urgency. This moment has brought into stark relief what we know well: so long as our systems deny well-being to some, all of our well-being is at risk. As directly impacted communities are naming and working towards solutions, we know our role in public health is to act on them.

This strategic plan is our crystallization of that imperative. It's us considering our work with fresh eyes, to articulate anew the *why* of HIP. And as always, it's the result of deep and intentional collaboration, shaped through many long, thoughtful, and sometimes challenging discussions among HIP staff and board, informed by the input of our beloved community organizing partners, public health colleagues, health equity fellows, research collaborators, and funders.

In the pages ahead, you'll find:

- A new **mission statement** that better captures the core purpose of HIP
- A transformative **vision statement** that inspires our work
- Updated **values** that reflect our evolution as an organization
- An explicit **theory of change** that explains the analysis underlying our strategies
- New **impact areas** that describe the change we seek across all our programs
- Proposed **growth areas** to learn and take new risks in service to our mission

We aren't committing to a major pivot in our areas of focus. Instead, through internal analysis and external stakeholder interviews, we've come to believe that our strategies are still the right ones to advance our mission. And as the acute need for transformative public health grounded in equity has taken center stage in the past several months, our confidence in this vision is ever strengthened.

Getting through our compounding crises and re-imagining our future will take creativity, courage, and a willingness to part with what is known, and all the grit, determination, and fight in us. It will take us working outside of our lanes, comfort zones, and traditional training and funding constraints. It will take us working in deep partnership with one another. We are here for this and we are ready.

We believe that this strategic plan provides insight not only into our work, but into our hearts — and we share it with the sincere hope that you will be inspired to join us in the call, and reach out with your questions, ideas, and concerns. Please turn the page to join us in this next phase of our journey.

With love,

A handwritten signature in black ink that reads 'Lili Farhang'. The signature is fluid and cursive, with the first name 'Lili' and last name 'Farhang' clearly legible.

Lili Farhang

Human Impact Partners Co-Director

A handwritten signature in black ink that reads 'Solange Gould'. The signature is fluid and cursive, with the first name 'Solange' and last name 'Gould' clearly legible.

Solange Gould

Human Impact Partners Co-Director

Introduction

“Human Impact Partners makes space for people who want to marry social justice and public health.”

— Public Health Awakened Steering Committee member

Since 2006, Human Impact Partners (HIP) has worked to advance health equity by bringing the power of public health — our knowledge, skills, and resources — into public policy decision making and grassroots organizing campaigns.

HIP propelled the practice of Health Impact Assessment (HIA) in public policy in the United States, helping to build a robust field of practitioners who could evaluate how policy decisions shape community health. We also led efforts to ensure HIA stayed true to its roots of equity and democracy by developing tools and providing training and technical assistance to HIA practitioners.

We have established ourselves as a trusted partner, valued for our commitment to justice, our practice of building authentic relationships, and our rigorous approach to working across public health and community organizing spaces.

In 2015, HIP made a big shift in our strategy, moving from a project-based approach using HIAs to a movement-based approach. We invested in a new set of strategies — advocacy, capacity building, field building/organizing — and continued to use our research to uncover health impacts of public policies and practices.



“One of the things I appreciate about HIP is the evolution. When I first connected, you were all very focused on HIA, and I appreciate the flexibility. NGOs get stuck on a specific mission and don’t evolve, and so the health equity fellowships and the Healthy Equity Guide and organizing [have brought great value].”

— Public health professional¹

Over the past 5 years, we also sharpened our theory of change for how to achieve health equity. We became much clearer on the ways we need to support community power-building and to dismantle systems of advantage and oppression — most explicitly, structural racism.

“It’s really valuable to have public health folks on board around social justice issues. To me, that’s common sense — it’s a public health issue. But to folks who are not involved in social justice issues, [it’s] so valuable to have public health on board to give that lens and expertise to support the work that we’re doing.”

— Community organizer

We see the next 5 years as an opportunity to dig into our social movements approach and be much more explicit about how building grassroots power is central to advancing health equity² and creating a just society. **We embark boldly on the next phase of our journey, ready to deepen how we embody the health, healing, and belonging we seek.**

1. **The quotes** throughout this introduction come from the stakeholder interviews we conducted as part of our strategic planning process. You can see a full list of stakeholder participants in the Acknowledgments section of this document.
2. **We use the terms equity and justice** somewhat interchangeably throughout this document. We know these terms have different meanings when they stand on their own. But in the context of this strategic plan, where we have the opportunity to share a wider narrative and story about our work, we toggle between these concepts as an indication of our commitment to both goals. In doing so, we are also allowing ourselves to speak to multiple audiences — from public health to social justice movement building — who use different languages to motivate change within their sector.

Our Mission, Vision, and Values

Mission

Human Impact Partners transforms the field of public health to center equity and builds collective power with social justice movements.

Vision

We envision a society that centers health, healing, and belonging. Everyone has what they need to thrive, and it's our collective responsibility to take care of each other and cultivate equitable and just communities. All people have power to shape the culture, policies, and systems that impact their lives.

The public health field is rooted in health equity and racial justice, and upholds policies, practices, and systems to ensure health and well-being for those who need it most. Public health practice affirms each person's humanity and our interconnectedness. The public health community bridges with social justice movements to build power and ensure equity.



Values

Structural Transformation

We will achieve health equity and racial justice by working collaboratively with social justice movements to transform systems and institutions across our environmental, economic, social, and political landscapes.

Centering the Heart

We lead with our humanity and the centrality of our relationships, making space to acknowledge how our bodies and hearts feel. We seek to build a sense of belonging and heal from the traumas of living in systems of advantage and oppression.

Racial Justice

We create conditions for people of color to be healthy and free. We will all only be truly free when we dismantle White supremacy, anti-Blackness, and other forms of intersecting oppression — so that our racial identity, income, gender, or ability do not limit our potential to thrive.

Authentic Democracy

We focus on building community power so that all people can collectively shape the policies and systems that impact our lives.

Partnership

We believe it will take many people and organizations to achieve our vision. We partner with grassroots organizing groups and governments to build powerful relationships and alliances to transform our institutions and systems.

Emergent Practice

We believe adaptive and strategic risk taking are fundamental to transformation. We will always have much to learn, and as conditions change, we change.

Our Theory of Change

As a public health organization, Human Impact Partners is motivated by this key question: *How can we address the underlying reasons that we keep reproducing inequitable conditions and outcomes across all systems?*

For us, the answer lies in confronting the unequal distribution of power and dismantling the systems of advantage and oppression that uphold these unjust imbalances.

We advance equity by confronting the unequal distribution of power

Power comes in the form of resources, access to decision making, alliances and networks, and the dominant stories society chooses to tell about this nation and its people. It can be found in the venues where decisions are made — legislative, administrative, judicial, electoral, communications, and corporate.

All the work we do — our advocacy, organizing, capacity building, and policy-focused research — aligns with the idea that we need to change *who* holds power, *how* power is held, and *what* holding collective power to advance equity can look like to benefit the people who are experiencing the greatest harm.

We also need to dismantle the systems of advantage and oppression that uphold these unjust imbalances

Systematic othering and exclusion are mechanisms to maintain power and advantage for some people, communities, and sectors. This occurs through systems of advantage like White supremacy, capitalism, patriarchy, heterosexism, ableism, and others.

In the United States, structural racism is a root cause of harm in our society. We therefore lead explicitly — though not exclusively — with an analysis of how a racialized system that upholds White supremacy creates and perpetuates inequities that persist in every sector across the nation, without exception.

We achieve sustainable, long-term change through social movements

Social change happens through organized social movements — it's not a haphazard thing that just happens. Throughout history, major gains in social, economic, environmental, and political conditions have resulted from the intentional and sustained efforts of grassroots and advocacy movements to build power, win civil rights, and create inclusive communities. While the change can take decades to manifest, social movements change the terms of political debate; our laws, policies, and governmental institutions; and our wider culture. With racial inequities and wealth and

power inequality at unprecedented levels, HIP is particularly committed to engaging in social movements as the primary way to achieve our vision.

This isn't about winning one policy change or an election. This is about making a steadfast commitment to using our resources and expertise to support people who are most impacted, with the goal of building power and bringing down systems of advantage and oppression, to ultimately transform the conditions and trajectory of our society.

Public health needs to be deeply engaged in this work

We want the field of public health to see itself as part of our larger social and racial justice movements, to achieve health for all. We know this requires building bridges between our worlds, so that public health's power — our voice, evidence, and resources — can be more strategically aligned with and respond to social movements that are leading the change we need to advance health equity. We also need visionary, strategic, and authentic leadership in public health.

Building collective power requires transforming government

We value authentic democracy, so that all people have the capacity to collectively shape the policies and systems that impact our lives. We also believe our government needs to play a critical role in redressing harm and advancing equity. We need to repair and transform government institutions so they are inclusive, transparent, responsive, and accountable to communities facing inequities.

Government holds particular responsibility for having created oppressive policies and structures that continue to cause harm, even after they have been officially repealed or reformed. We believe it's crucial for government institutions to restructure their internal, cross-government, and community policies and operations around the principles of equity, justice, and power sharing.

Government needs to stand firmly in its proper role: to defend the health and well-being of all, against political and corporate pressure to concentrate wealth and power in the hands of a few.

Transforming society requires transforming ourselves

Analysis alone will not suffice to create a just society — we need to tap into the emotional and physical ways we react and self-regulate in the work, too. At HIP, we call this integrating the head and heart.

We have been acculturated to approach health equity and social justice work with a sole focus on policy change, planning, analyzing, and producing data — and other activities primarily “of the brain.” We have tended to suppress the shared pain and trauma of living through, witnessing, or perpetuating systems of oppression. By

integrating the head and heart, we're breaking down this false dichotomy between thinking and feeling.

We all hold histories and knowledge in our bodies, but denial, disconnection, and shaming of this embodied knowledge is one of the ways that White supremacy, patriarchy, and other intersecting power systems have been perpetuated.

Dismantling oppressive systems will require us to tap into that knowledge to inform how we show up in the work and across our relationships. We need to normalize creating space in our work and movements to feel and heal in order to shape a new liberation culture that acknowledges and welcomes our whole selves.

To succeed, we need to:

- Focus on **structural solutions**, targeting our policies, systems, institutions, and narratives to achieve societal change
- Be **explicit about how power, racism**, and other systems of advantage are at the root of health and social inequities
- **Reintegrate our hearts and bodies** into this work, to make space for healing and trust building
- Work with **grassroots community organizers**, in places where people closest to harm are identifying solutions and building their collective power to transform society
- Support the field of public health — and particularly governmental public health — to **center equity and engage more deeply** in social movements to transform how and with whom the field works



Our Strategies

While the *what* of HIP is not changing greatly, we've refined our strategies, based on what we've learned in the past 5 years and to be better grounded in our theory of change.

→ **Capacity Building**

Provide training, technical assistance, and leadership development to support public health organizations and practitioners to advance a power and structural oppression framework to advance health equity and center racial justice.

→ **Advocacy**

Amplify the use of public health research, expertise, framing, and communications to support targeted campaigns and movements

→ **Organizing** *(previously Field Building/Mobilizing)*

Build a base of public health workers to take action on social determinants of health and equity as part of broader social justice movements

→ **Policy-Driven Research** *(previously Research)*

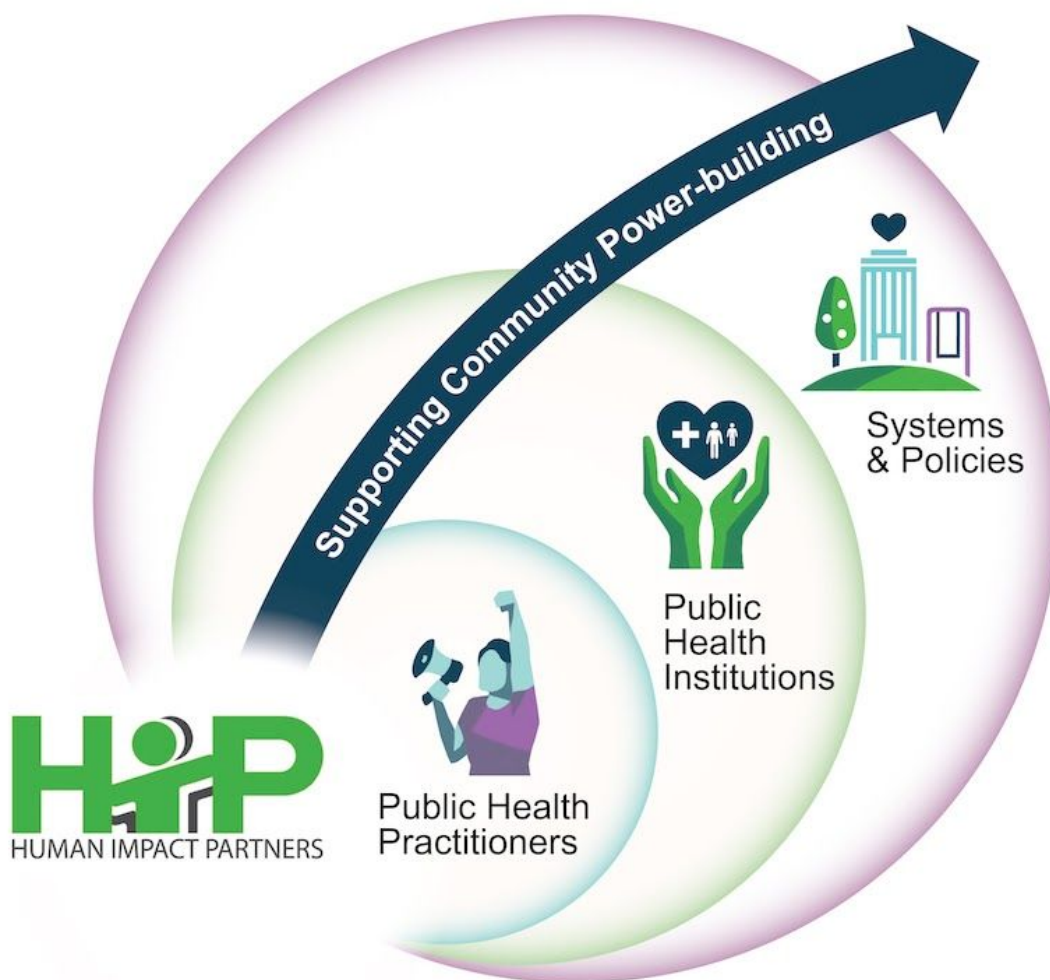
Conduct policy-focused, innovative, and strategic research that evaluates health impacts and inequities to support targeted campaigns and movements for social change

We feel poised to boldly and effectively fulfill our unique role of bridging public health and social justice boldly and effectively through these strategies, which are informed by a greater clarity around the key impacts we seek. Also key to our *how* is continuing to position HIP as a thought leader to influence the field of public health and the philanthropic organizations that focus on health equity.



Impact Areas 2020–2024

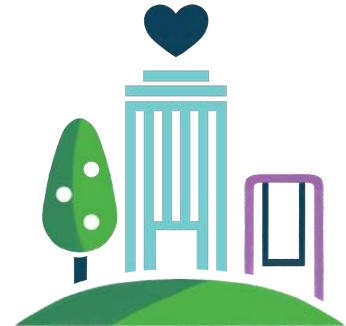
Our work over the next 5 years is geared toward meaningfully contributing to the following impacts. We will determine specific goals and objectives within these areas based on our partnerships, staff and board priorities, and opportunities to be responsive to current events.



A. Impacted communities and community organizing groups have power to transform systems and policies to advance health equity and racial justice.

What we mean by systems: *The social, political, economic, and cultural systems that maintain power and advantage for some, fueled by White supremacy, capitalism, patriarchy, and other forms of oppression*

What we mean by policies: *The legislative, administrative, and organizational policies that set the rules for how our society and institutions operate and distribute resources*



In partnership with grassroots organizing groups and the communities they serve, HIP will pursue structural policy and systems change to improve people's lives and achieve equity. We will leverage the power of public health — our voice, evidence, and resources — by organizing public health leaders to align with social justice movements and speak out for policy and systems change.

Our policy-driven research and advocacy with grassroots community organizing groups will continue to explicitly name power, racism, and other systems of advantage as root causes of health inequities, deepening how we support building power in communities to achieve long-term change for those who are most impacted.

We will explicitly name and disrupt mainstream narratives about what creates healthy and safe communities, with the goal of shifting culture and norms as a form of building power. By reclaiming the narrative about what our communities need, we will expand understanding that we must change policies and systems to achieve health equity.

Key impacts:

- Impacted communities **build power and win policy change** with support from public health in grassroots campaigns and movements
- **Public policies and budgets** reflect the value of and commitment to health, equity, and racial justice
- **Public narratives** on issues related to the criminal legal system, economic security, built environment, and immigration include an understanding of their impact on health and equity

B. Health equity is the explicit goal of public health institutions — particularly governmental public health — with systems change at the center of the work.

What we mean by public health institutions: *The government, non-profit, clinical, professional, philanthropic, and educational institutions that define, train, and execute public health practice*



HIP will partner with public health institutions to help them expand their analysis of the change needed to achieve health equity, and to prioritize addressing the unjust power imbalances and systems of advantage that drive social, economic, and political systems. We will offer training, resources, leadership development, and technical assistance so that public health institutions can center health equity and align their priorities, programs, and funding to match.

We will continue to build capacity in governmental public health to use an “inside/outside approach” that centers transformative approaches to health equity. We will encourage and support alliances between public health departments and grassroots organizing groups to promote healing of past harms, and to advance systems and policy change. We will foster a strong community of practice to support one another in transforming public health to center equity.

Key impacts:

- Public health institutions normalize **communicating clearly** about the systems and policies that shape health, and they shift resources towards efforts to achieve structural change
- Public health institutions align their internal practices to support **institutional equity**, including building visionary, strategic, and authentic leadership that continuously cultivates, shares, and moves power
- Public health institutions are explicit about the need for **racial justice and power sharing** with communities
- Governmental public health **transforms its systems** and uses its power to repair harms and create the conditions for health equity

C. Public health practitioners are agents of change for health equity and racial justice.

What we mean by practitioners: *The individuals who make up the field of public health, who are constantly shaping and connecting the field through their power, practice, priorities, resources, and relationships.*



HIP will organize and build leadership of public health practitioners to unlock their full potential as agents of change — in solidarity with social justice movements, within their workplaces, and across sectors. We will work alongside health equity leaders to listen to the knowledge and power our bodies hold, to deepen the skills needed for policy and practice change, and to build supportive peer communities needed to shift the field to center equity and racial justice.

In partnership with grassroots organizers, we will identify strategic opportunities for public health individuals to participate in social justice campaigns and find their personal and professional place in the movement for equity.

Key impacts:

- A growing segment of public health leaders act on the understanding that **dismantling structural oppression** and changing who has power is core to their practice — they feel emboldened and equipped to change narratives about who has the opportunity to be healthy, and why
- Public health practitioners **lead with humanity** and use not only their heads, but also their hearts, to transform relationships, practices, policies, and systems in order to disrupt unjust power imbalances and structural oppression.
- Public health practitioners **actively participate in policy change and advocacy work** in partnership with other community organizers to advance justice across housing and land use, economic security, community safety, immigration, and more

Growth Areas 2020–2024

“[HIP should be] connecting directly to impacted communities.
Get closer to the interconnectedness. Lean in and do more.”

— Community organizer

In HIP’s last strategic plan, we embraced a “pivot” from our original focus on project-based Health Impact Assessments (HIAs) to a movement approach that expanded our role in advocacy, field building/organizing, and narrative change. We also deepened our ongoing commitment to specific issues like criminal legal system reform. It took the entire 5 years to make good on that plan and fully bring about the new ideas it articulated.

We want to continue to challenge ourselves to be dynamic and take risks in pursuit of our vision. To that end, we have identified growth areas for our work ahead. These growth areas are places where we see the potential to strengthen our current work, as well as apply our skills and learnings to newer issues and partnerships.

HIP growth areas 2020–2024

These areas consistently emerged in conversations with staff, board, and stakeholders over the past year — and point to gaps in our work in service of our mission, vision, and values:

1. Deepen our **intersectional analysis and approach** around race to include class, gender, sexuality, and more — make good on “explicit but not exclusive” focus on race
2. Apply our strategies across **new issue areas** and sectors, specifically:
 - a. Climate justice
 - b. Health care
 - c. Schools of public health
3. Expand and strengthen our analysis around **colonialism and contemporary Indigenous issues**, and build deeper relationships and collaborations with Indigenous/Native American communities

Our growth areas call us to act on our Emergent Practice value

We are called to learn and adapt as conditions change, even if we do not know right now how these growth areas will take shape in the future. We expect that within 5 years, we will have developed some into core programmatic priorities, while others will still be in the pilot phase, and some will not have been the right fit at all. In addition, new ideas that we could never have foreseen will have emerged.

We will begin by taking the following steps

We commit to engaging with each growth area using the process outlined below, with an initial set of decisions to move forward with by Spring of 2021. While these steps are outlined in linear order, we recognize these processes can and should be iterative in nature — an external conversation may lead to more internal reflection and learning, etc.

1. **Strengthen our organizational analysis** around each growth area by identifying existing internal knowledge related to each area and exploring external learning opportunities from which we can draw. This can also include assessment and reflection around how to better incorporate each of the growth areas across our current programmatic and project-based work, in recognition of the intersectional nature of our work (e.g., LGBTQ+ health equity is an immigrant justice issue and a housing justice issue).
2. **Have conversations with leaders/potential partners** in each area to assess what, if any, value HIP could add by doing work in this area.
3. **Discuss our assessment from external conversations** to reflect on what we've learned and gather staff input about whether and how to move forward in areas that feel promising and that align with our vision, mission, and values.
4. **Identify which of our strategies** — advocacy, organizing, capacity building, and research — are ripest for expanding to new growth areas and make plans for doing so. Assess what work, if any, we may need to let go of in order to accommodate new growth areas.
5. **Move toward implementing new practices**, communicating reflections and milestones along the way to staff and board.

The HIP Way

To achieve the societal transformation we seek, we must adapt and change. Therefore, our approach includes intentional commitments and practices that guide how we show up to the work in order to advance health equity and a just society in meaningful and impactful ways.

“The HIP Way” is the practice of our values. Externally, the HIP Way is characterized by deep partnership with grassroots organizing groups on the ground and a commitment to holding public agencies accountable to health equity. The HIP Way includes clarity of focus on health equity, racial justice, humility, flexibility to do what is needed to achieve shared goals, the highest of standards and rigor, and strategic communications. Authentic and equitable partnerships with community organizers are at the core of our work.

The HIP Way also calls us to create the same authenticity and equity in our organizational culture and operations. We focus on building trust and relationships in order to engage honestly with one another and to bring our full selves — hearts and minds — to our work. We devote regular staff meeting time to organizational development and equity, and continually evaluate and adapt our internal policies and practices to align with our values.

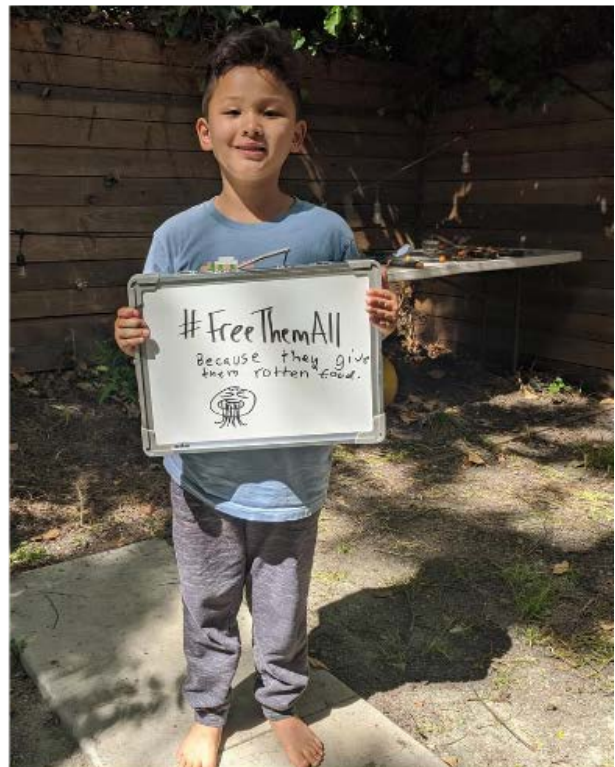
In 2018, HIP staff and board adopted a Racial Justice Framework to inform every aspect of our work. We did this to hold ourselves accountable to advancing health equity with a racial justice lens and to centering our own healing, transformation, and liberation as part of the work.

Our guiding principles in the HIP Racial Justice Framework include:

- **Racism** is a system of advantage based on race
- Power imbalances are at the **root of inequities** in the social determinants of health, which perpetuate health, social, and political inequities
- **We can’t achieve health equity without doing racial justice work**
- We **lead with racial justice** explicitly, but not exclusively
- We incorporate an **intersectional analysis** into our work and approach
- We need **radical strategies** to undo the systemic imbalance of power and privilege

HIP's Racial Justice Framework is a living document that guides our work and holds our learnings as we deepen our practice. We are applying the framework throughout operational activities, from hiring, to board recruitment, to internal procurement, and to this strategic plan.

We continue to challenge ourselves with the question of how to embody racial justice throughout the organization with grace and joy. While many of our priorities and choices already reflect this commitment, structural racism and White supremacy culture are in the air we breathe and require ongoing reflection and action to make resistance and healing real.



Humans at HIP

Board of Directors

- Shireen Malekafzali, San Mateo County Health System, Chair
- Veronica Carrizales, California Calls
- Helen Chen, formerly UC Berkeley Labor and Occupational Health Program
- Marjory Givens, University of Wisconsin Population Health Institute
- Phyllis Hill, Faith in Action
- David Liners, WISDOM
- Aletha Maybank, American Medical Association
- Keshia Pollack Porter, Johns Hopkins Bloomberg School of Public Health
- Brenda Muñoz, UC Berkeley Center for Labor Research and Education
- Martha Matsuoka, Occidental College

Staff

- Nashira Baril, Project Director
- Sari Bilick, Senior Public Health Organizer
- Sukhdip Purewal Boparai, Senior Research Associate
- Lili Farhang, Co-Director
- Megan Gaydos, Project Director
- Solange Gould, Co-Director (HIP Board member at time of adoption)
- Christine Mitchell, Research Associate
- Martha Ockenfels-Martinez, Research Associate
- Amber Akemi Piatt, Health Instead of Punishment Program Director
- Jamie Sarfeh, Communications Director
- Sophia Simon-Ortiz, Public Health Organizer
- Ana Tellez, Capacity Building Program Director
- Shannon Tracey, Operations Director

Acknowledgments

Strategic Plan Steering Committee

Linda González	Strategic Planning Facilitator
Veronica Carrizales	HIP Board
Solange Gould	HIP Board; Co-Director as of 02-2020
Lili Farhang	Co-Director
Sophia Simon-Ortiz	Public Health Organizer
Ana Tellez	Program Director
Shannon Tracey	Operations Director

Stakeholder Interviews

Pair interviews

Shireen Malekafzali	San Mateo County Public Health, HIP Board
Veronica Carrizales	California Calls, HIP Board
Katie Valenzuela	CA Environmental Justice Alliance
Mad Stano	CA Environmental Justice Alliance
Kathi Schaff	Berkeley Media Studies Group
Julie Nelson	Government Alliance on Race and Equity
Jeremy Cantor	Senior Consultant, John Snow Inc.
Damon Francis	Chief Clinical Officer, Health Leads

Individual interviews

Sandra Witt	The California Endowment
Renee Canady	Michigan Public Health Institute
Jose Bernal	Ella Baker Center for Human Rights
Jonathan Heller	HIP Co-Director/Founder
Nancy Krieger	Harvard School of Public Health
Paula Tran Inzeo	PHI, University of Wisconsin-Madison
Rex Archer	Kansas City Health Department
Jennifer Ito	University of Southern California Program for Environmental and Regional Equity (PERE)
Miya Yoshitani	Asian Pacific Environmental Network
Caroline Brunton	The Kellogg Foundation
Dawn Philips	Right to the City Alliance
Aletha Maybank	American Medical Association, HIP Board

Public Health Awakened Steering Committee Group

Tiffany Ford	University of Maryland PhD student; formerly Health and Medicine Policy Research Group
Paul Fleming	University of Michigan School of Public Health
Nancy Crewe	Madison County Health Department (KY)

Health Equity Awakened Fellows

Nicki Britten	Berrien County Health Department (MI)
Sarah Hernandez	Colorado Department of Health and Environment
Abigail Ortiz	Southern Jamaica Plain Health Center (MA)

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Art and Illustrations

Jennifer Luxton

Thank You, Jonathan Heller

In December 2019, our co-founder and longtime Co-Director, Jonathan Heller, bid us farewell after 14 years of shared leadership at Human Impact Partners. We are ever grateful for his vision to build an organization that operates with humility, isn't afraid to take risks, and is committed to building collective power to advance health for *all*. Thank you, Jonathan, for your tireless energy and your clarity of focus on health equity throughout these 14 years.

