Public Health 101 for Organizers

What is governmental public health, and how can you engage the field to advance your next campaign?

This guide is intended to serve as a tool to support community organizers — encompassing informal coalitions, grassroots organizations, and individuals — to engage with governmental public health to advance a campaign or policy change goals. Specifically, this guide introduces organizers to the field of public health and lays out resources for how to engage most effectively with local public health departments ("HDs").

In this guide:

- **What is Public Health, and What Can it Do for You?** provides an overview of the aims and scope of public health, along with opportunities to leverage HDs work to support your organizing and advocacy goals
- **Know Your HD Lingo** offers definitions of key terms and frameworks that HDs often use to help frame your organizing work
- **HD Power-Mapping Primer** is intended to help you identify entry points in your local HD, and to prepare for power mapping. Please complete this worksheet after reviewing the resources above

Want to learn more?
If you'd like additional strategizing support on how to engage with your HD, please contact HIP's Senior Public Health Organizer Sophia Simon-Ortiz at sophia@humanimpact.org.

What is Public Health, and What Can it Do for You?

What is public health?

The World Health Organization (WHO) defines public health as **"all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole."** [1] Within this definition, we see the work of community organizing groups, local and state health departments, and many others. As the COVID-19 pandemic has shown us, it takes mutual aid, supportive public policies, and valuing life over profit to protect community health.

The field of public health is grounded in identifying solutions that prevent harm through systems-wide design. It also historically developed within a Western, settler colonial worldview that defined health narrowly as "prevention of disease."

Public health is more than health care

In contrast to health care — which focuses on treating an individual once they are sick — public health focuses on preventative and systemic care to improve health for a community before illness or injury occurs. In practice, this means that health department teams typically include:

- Epidemiologists who track incidence and prevalence of contagious diseases
- Environmental health workers who monitor and enforce health and hygiene policies — from restaurant to housing to prison inspections
- Public policy workers who collaborate with other government agencies on health-affirming policies and systems design
- Registered nurses and community health workers/promotoras who do home visits, health education campaigns, and community outreach

Epidemiology in Action: John Snow and the Broad Street pump

During a mid-19th century cholera outbreak in London's Golden Square, physician John Snow mapped where people with the disease lived and worked. Snow's map revealed that infections were clustered around a single water pump on Broad Street. Further investigation confirmed the pump was the most likely source of infection. Snow presented his findings to city officials, the handle of the pump was removed, and the outbreak ended.[2] This public health success happened because Snow saw that containing disease required understanding people within the context of their environments rather than as individual cases; that eradicating the root cause of disease was as important as treating patients; and that evidence could spur the local council to action, even though it went against popular beliefs about disease at the time.[3]

Organizers' aims may align with the work that HDs are doing to advance health equity. Identifying these shared aims can open up opportunities for partnerships that deepen and strengthen each other's work toward equity and racial justice.

For example, American Public Health Association (APHA), the national voice on public health, recently named racism[4], the carceral system[5], and police violence[6] as public health issues. **These landmark statements are the result of significant organizing efforts; they present an entry point for organizers and HDs to build relationships and act together on issues, as well as an opportunity for organizers to ensure HDs honor these statements.** Establishing relationships with HDs who are not actively working on the same issues as organizers can be highly beneficial; we outline why in the "What can your health department do for you?" section of this resource. For examples of how HDs have advanced health equity in their work, read about Santa Barbara below and review these case studies.

Organizer and HD Collaboration: COVID Response in Santa Barbara

In Santa Barbara, California, the local HD and organizers supported each other in response to a disproportion-ate number of COVID cases among the Latinx population—many of whom were farmworkers with H-2A visas. With political support from and relationship brokering by the organizers, the health director issued a Health Officer Order to ensure that H-2A housing and homeless shelters provide COVID screening and isolation practices to protect their residents. This reduced the spread of COVID among the Latinx farmworker population. The HD-organizer collaboration also led to prioritizing farmworkers during limited vaccine access, addressing vaccine hesitancy among Latinx communities, supporting labor protections, and expanding HD services in Indigenous languages. Read the full example in California Local Health Department Actions for Worker Health and Safety During COVID-19.

What can your health department do for you?

- **Data Sharing** — You can ask the HD for data on health outcomes and on living and working conditions (also known as the "social determinants of health") that may strengthen your campaigns. The HD may have data on issues like evictions, deportations, and deaths or injury by police violence, or may be able to access this data from other agencies. The HD may have or be able to create reports on the health impacts of issues like community safety, housing, land use, climate, or economic security.
- **Funding** — HDs regularly fund community organizations to support HD functions, such as providing culturally-appropriate translation, interpretation, education, and outreach services. HDs may also help your organization navigate health funders to identify foundations that may be interested in the areas you work on.
- **Regulatory Power** — Most HDs have regulatory authority to inspect and enforce standards in the public domain (e.g. restaurants and environmental hazards, jails and other carceral settings), which can potentially be leveraged to help advance your goals.
- **Networker and Convener** — HDs are often considered "neutral" conveners and can appeal to a broad audience. HD staff can navigate the landscape of government, and may connect you with other government agencies.
- **Testimony or Advocacy** — Some HDs regularly engage in public and/or behind-the-scenes advocacy for health-related policies for the populations they serve. Sometimes HDs are not allowed to advocate but can "testify" to the health impacts of policies upon health; you can ask the HD to testify on particular issues.

The governmental public health system is organized at the federal, state/territorial/ Tribal, and local levels. HD governance varies by state, and urban and larger HDs — which generally have more resources — are more likely to work on policy.[7] **We recommend first identifying your local health department at the city or county level, as the role of the HD is to address population health in the county and to build relationships with the community. You may also want to learn about your state, territorial, or Tribal HD which often directs resources down to the local level.**

These organizations represent local and state HDs nationwide, and link to directories:
- The National Association of County and City Health Officials (NACCHO)
- The Association of State and Territorial Health Officials (ASTHO)

These resources provide information on HD funding and budget advocacy:
- This resource from NACCHO shows how local HDs are funded
- This toolkit from Public Health Awakened has strategies for budget advocacy

Despite an overall population or community-level focus, HDs have not escaped the biomedical model of focusing on the individual body as the site of disease prevention. In the past 20 years, however, the field of public health has begun to refocus its energy on "upstream" solutions – the structural and social systems that determine health. Some HDs are now investing time in policy work like housing and land use to ensure health-affirming impacts are supported. With this emerging focus on community and upstream approaches, there are increased opportunities for partnerships between organizers and HDs. **Of course, every HD is unique, and partnerships will also be unique — with their own challenges and opportunities depending on where an HD falls the spectrum of individual and community care.**

What does "upstream" mean?

Medical sociologist Irving Zola shared this story about a troubled physician: "You know," he said, "sometimes it feels like this. There I am standing by the shore of a swiftly flowing river and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in."[8] This story illustrates the need for public health to shift its focus from treating individuals (downstream) to addressing social conditions (upstream).

Know Your HD Lingo

Use these key terms and frameworks to frame your organizing work when approaching HDs

Key terms

- **Health Equity:** Everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.[9]
- **Health Disparities:** Differences in health status and mortality rates across population groups, which can sometimes be expected (e.g., cancer rates in the elderly vs children).
- **Health Inequities:** Differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust (e.g., breast cancer mortality for Black women versus White women).

Key frameworks

- **The 10 Essential Public Health Services:** The public health system includes health departments, hospitals, clinics, payer systems, and many others; this system is intended to provide 10 essential public health services. These essential services are established at the federal level and inform accreditation standards for HDs. These essential services were revised in 2020 to center equity; focusing on health equity is a new concept for some HDs.
- **The Social Determinants of Health (SDOH):** The SDOH are complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. A SDOH public health framework sees health as a result of the conditions in which people live and work—including their access to money, power and resources—rather than individual choice.[10] Public health is increasingly turning to "upstream" solutions like organizing and advocacy to address the root causes of health issues and focusing less on individual care. To learn more about this shift in public health practice, see this BARHII infographic.

HD Power-Mapping Primer

Use this worksheet to identify entry points in your local HD and prepare for power-mapping. For more on power-mapping, check out this template from the School of Unity and Liberation.

Learn about your HD

> **Tip: Search the HD website for an organization chart (reach out to the HD if unavailable online).**

1. What is your local health department organization? <u>See this NACCHO directory</u>

2. Who is on the leadership team?

3. Who is the leadership team accountable to? County health departments are often governed by a local Board of Health or other local government body, and state health departments by governors.

4. Does the HD have a history of working with other community organizers? Community-power building organizations (CPBOs) organize people and communities who are most impacted by our inequitable systems; other CPBOs may be able to help you with the "find your people" step below.

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Identify potential alignment

Tip: Search for a Community Health Improvement Plan, or other strategic planning documents on the HD website (reach out to the HD if unavailable online).

1. What does the HD's latest Community Health Improvement Plan say about advancing health equity, engaging community, or addressing structural racism and other forms of structural oppression?

2. Do any of the HD priority areas (e.g. housing, children's health, violence, racism, etc) overlap with your goals or the needs of your communities?

3. Do recent communications on the HD's website or social media indicate alignment with your goals?

Find your people

Tip: Connect with staff who have health equity, community health assessment, community engagement, policy and planning, community health, or prevention in their job title.

1. Are there HD leaders and/or staff who may be allies in your work?

2. Who are their community engagement leads for this issue, if any?

Works Cited

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3. The Lesson of John Snow and the Broad Street Pump | Journal of Ethics | American Medical Association
4. Racism is a Public Health Crisis
5. Advancing Public Health Interventions to Address the Harms of the Carceral System
6. Addressing Law Enforcement Violence as a Public Health Issue
7. 2016 National Profile of Local Health Departments | National Association of County and City Health Officials
8. I.K. Zola, "Helping Does It Matter: The Problems and Prospects of Mutual Aid Groups." Addressed to the United Ostomy Association, 1970.
9. This definition of Health Equity is slightly adapted from one developed by Paula Braveman and colleagues in the RWJF commissioned paper, "What Is Health Equity? And What Difference Does a Definition Make?"
10. World Health Organization