

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

Public health as potential advocate and ally

Organizers' aims may align with the work that health departments (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 racism⁴, the carceral system⁵, and police violence⁶ 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 disproportionate 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.

Navigating HD hierarchy and moving “upstream”

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).

Works Cited

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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