

HUMAN IMPACT PARTNERS

2022 YEAR IN REVIEW



Dear Readers,

We were recently discussing an Arundhati Roy [article](#), published in April of 2020, on the pandemic as a portal “offer[ing] us a chance to rethink the doomsday machine we have built for ourselves... break with the past...and imagine their world anew.” The article came out a month after we at HIP released our [strategic plan](#), right as Covid was emerging. In re-reading Roy’s piece and our strategic plan three long years later, we felt a sense of despair over the “return to normalcy” that has emerged despite continued death and suffering, and we questioned whether we’ve lost momentum on the transformative changes that felt imminent when the pandemic first hit.

But we also felt re-inspired to “imagine the world anew,” grounded in the guiding principles of our strategic plan, which remain spot on for us today. We remembered that portals are long. As hard as it is, we are working to sit more peacefully with the tension between the urgency of what we face and the slow, but persistent, determination of long-term movements.

This report outlines our year’s work of strengthening relationships, deepening our fight against structural racism and power imbalances, and forging a social contract grounded in equity and healing — all of which happened as we did some big restructuring and welcomed many new colleagues to HIP. Growth itself can be challenging work; change is labor unto itself. Thank you, dear staff, for all that you have accomplished and for sharing your brilliance and wisdom with our community. You are the life-force of HIP.

Why bother with this kind of last-year inventory? Looking back at our work allows us to sense patterns about our organization, the field, and our movements, so that we can foresee the big opportunities and threats that are coming.

One thing is clear: We are approaching a tipping point in public health’s commitment to building power with communities. We are in a norming, forming, and catalyzing moment. Some of our risk aversion is about our fear of failure. If we’re going to make big changes, we need big, bold experiments. There will, no doubt, be some failures along the way. And from them, we’ll take away important lessons about what does and doesn’t work. Not everything we try will succeed, and we’re okay with that.

As we move into another year, we’re thankful to you for taking a moment to look back with us. We’re excited for the journey ahead.



Forward,

Solange Gould

Lili Farhang

2022

BY THE

NUMBERS

ORGANIZATIONAL GROWTH

Welcomed **13** new staff members, created **2** new program houses (**Policy & Organizing, Bridging Partnerships & Strategies**), and formalized **1** new issue-area program (**Housing Justice**).



ORGANIZING AND ADVOCACY

Continued to organize **3,000+** national members of our Public Health Awakened network around issues and campaigns for health equity and justice.

Provided political education to **125** public health students from over **26** different campuses nationally via our Abolitionist Public Health Student network.

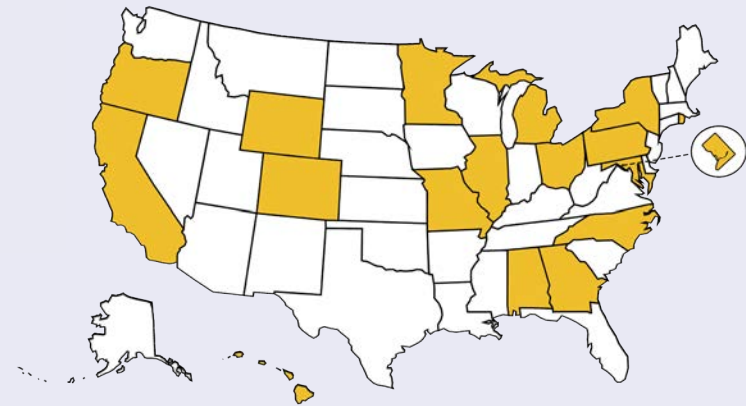
Completed **4** policy-driven research reports in partnership with **5** external community organizing partners in support of their movement campaigns.

2022

BY THE NUMBERS

CAPACITY BUILDING

Provided capacity building training, technical assistance, coaching, and leadership development to public health practitioners at **26** public health departments and organizations across **17** states and Washington DC.



Provided leadership development to a cohort of **18** incredible local health department leaders from **7** health departments across the country as part of our Health Equity Awakened Leadership Institute.

Co-led more than **200** public health practitioners nationally through a transformative narrative development process.



2022 BY THE NUMBERS

PUBLICATIONS AND THOUGHT LEADERSHIP

Created over **27 unique resources** to support public health capacity building, advance social movement campaigns, and strengthen power-building.

Hosted **12** webinars, spoke on over **20** external panels, and presented at or attended **9** national conferences and convenings.

Reached a newsletter subscriber audience of over **10,000** with monthly health equity highlights, updates, and tools.



DEEPER DIVE: POLICY & ORGANIZING

Our Policy & Organizing team employed research, organizing, and advocacy as part of many social justice campaigns and movements.

We released **four** policy-driven research resources with **five** different community partners, in addition to a **brand new research code of ethics** to further ground our research in community power-building principles. Our research took many forms and focuses, ranging from an evidence-based **communications toolkit** on the intersection of housing justice and health to **research** on how wine industry and governmental labor policies and climate crises compound to harm farmworkers' health, safety, and economic security.

"The approach that HIP has done in this code of ethics is really trailblazing. I think it really is counter to the experiences that we've had before about being researched subjects. And so we're really happy to see this leadership coming from HIP in this way and [we hope] that the field moves in this direction because it's really an important piece of the puzzle for building power and doing community change."

- Tomás Rivera, Chainbreaker Collective



DEEPER DIVE: POLICY & ORGANIZING

Our organizing arm, **Public Health Awakened**, continued to move public health workers across the country to use our voice, evidence, expertise, and resources to take collective action and build community power. The network now includes **3,000+ members and has chapters in Michigan, Los Angeles, and D.C.**

We continued to support rapid response COVID organizing, hosted our first somatics workshops for public health folks with over 150 participants, and supported the ongoing movement to end the Title 42 order that weaponizes a public health law to expel migrants and asylum seekers at the border, among other campaigns.

"What I really appreciated about HIP is that even when the research was over they still participated in our community events, they still checked in with our participants. There was a level of care and compassion that I think all research should have. Because when someone shares their story or shares their trauma or shares their experience, it is an invitation for you to practice genuine care and genuine empathy and genuine solidarity with people."

- Nate Tan, Asian Prisoner Support Committee



DEEPER DIVE: POLICY & ORGANIZING

Our **Health Instead of Punishment** program launched an **Abolitionist Public Health Student Network** for public health students to learn more about abolition and work together on campus campaigns.

Students applied in groups from their universities, in the ethos of abolitionist organizer and educator Mariame Kaba's encouragement that "everything worthwhile is done with other people." Last year's **two student cohorts** comprised **125** students from over **25** different U.S. campuses, and one in Canada, who met to learn about abolition and organizing strategy and workshop their own campus campaigns.

"I realized there are so many fierce, wise, experienced, impassioned, driven abolitionists out there and there is SO much to learn from them! I have always known that I am a curious person but this group taught me that there is so much more to learn/unlearn/relearn and question and think about. And now, I have connections to some of those paving the way."

- 2022 Abolitionist Public Health Student Network participant



DEEPER DIVE: POLICY & ORGANIZING

We created a new **Housing Justice Program**, after many years of work at the intersection of health and housing, to support public health's role in framing housing policy decisions and partnering with grassroots movements to make housing a basic right for all people.

We helped mobilize public health people to successfully pass SB 1017, which expands tenant protections for people facing domestic and other kinds of violence, and kill SB 1133, which would have prevented renter protection from emergency price gouging laws. Going forward, we're prioritizing expanding renters' rights and advancing work to take land and housing permanently off the market and into community stewardship through land trusts, limited equity cooperatives, public housing, social housing, and other models.

We continued to advance economic security through our exciting new **Economic Security Speakers Bureau**, which consists of public health professionals trained and ready to speak publicly in support of economic security campaigns using a transformational narrative on economic security and health equity.



DEEPER DIVE:

BUILDING PARTNERSHIPS & STRATEGIES

In 2022, we launched a new Bridging Partnerships and Strategies Program to support power-building between health departments and community organizers, strengthen internal collaboration, and grow our Power-building Partnerships for Health (PPH) offerings.

"HIP's Power-building Partnerships for Health provided the container for my organization's relationship with our local public health department to grow deeper. HIP staff provided consistent support and insightful feedback as we navigated the critical and challenging work of centering farmworkers and other marginalized communities in local public health initiatives. This work helped us as advocates gain greater empathy for the challenges public health contends with and lovingly challenged public health staff to take brave stances in the name of getting at the root cause of local health inequities."

– Hazel Davalos, Co-Executive Director, Central Coast Alliance for a United Sustainable Economy



DEEPER DIVE:

BUILDING PARTNERSHIPS & STRATEGIES

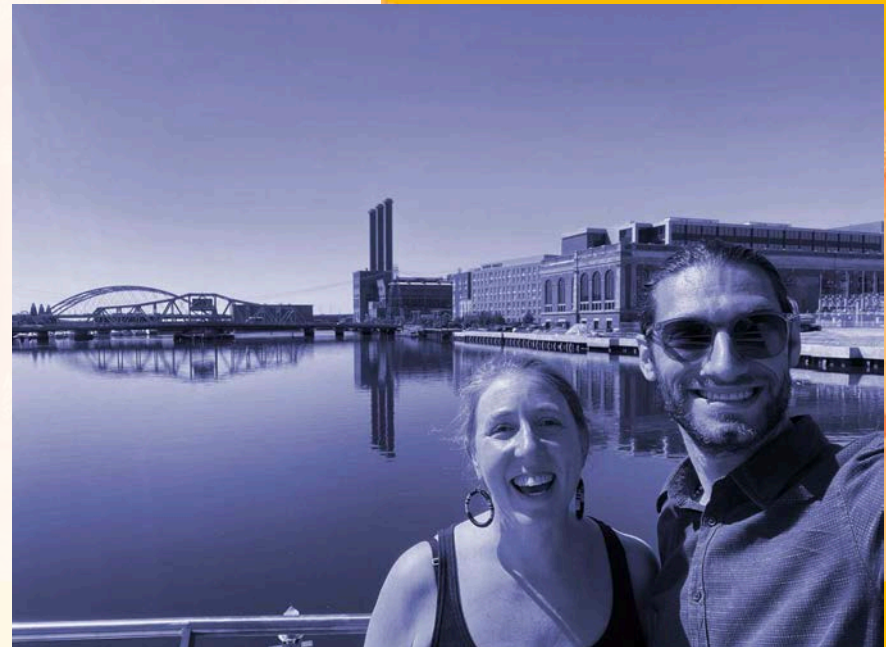
Since launching, we created [two resource suites](#) and a supplemental webinar series on [Power 101](#) and [Power Analysis Tools](#) to support health departments and other government agencies in building impactful partnerships with community [power-building organizations](#).

We also launched a [national landscape assessment](#) to uplift collaborations between health departments and CPBOs (please fill out the survey if this applies to you!), and began planning to support new collaborations. We continued to present on power-building partnerships in national and state venues, supported **inside-outside strategies**, and developed a soon-to-be-released **Power Primer** for NACCHO and its 1500+ member health departments.

With all our internal staff and programmatic growth, we've also **nurtured more bridging across our teams at HIP** to draw on each other's expertise and to ensure our strategies are aligned.

"Our participation in Power-building Partnerships for Health resulted in grounding our Public Health Department in actions that we needed to take with community partners to change policies and systems. Our participation also culminated in trusting partnerships that allowed for further exploration of how we can level set power dynamics in order to advance health equity."

– Van Do-Reynoso, MPH, PhD, former Public Health Director, Santa Barbara County Public Health Department



DEEPER DIVE: CAPACITY BUILDING

Last year, our Capacity Building team provided training, technical assistance, coaching, and leadership development to public health practitioners at 26 public health departments and organizations across 12 states and Washington DC.

Hot topics that people wanted to learn about included: building containers for racial equity work in ways that integrate the head and the heart; operationalizing racial equity in practice; managing leaders who are resistant to change; taking strategic risks; and shifting from community engagement to community power-building.

We're honored to provide this support and help move the needle in public health's day-to-day practice! Healthcare systems are on this journey as well — we're in the process of figuring out what support we can provide health systems in 2023.

"I worked with the HIP's capacity team right before the pandemic started and I am so grateful for the guidance and thought partnership offered to me during that time. I was the first Chief EDI Officer in Washington County, Oregon and we were the first County to have a Covid case in the state of Oregon. Thus, everything was urgent and new. With HIP's support, I was able to lead our County through our Covid response efforts, building an equity infrastructure in our Emergency Operations Center. I had both technical and emotional support that was very much needed for public health professionals in the early days of the pandemic. I am so thankful for the HIP for their support."

– PhyuSin MK Myint, PhD, Chief EDI Officer, Health Share Oregon

DEEPER DIVE: CAPACITY BUILDING

We brought **health department leaders into community through our 2022-2023 Health Equity Awakened Leadership Institute**, composed of **18** incredible local health department leaders from **7** health departments across the country who convened for three in-person, multi-day retreats to develop personal, institutional, and structural analyses to advance health equity and racial justice. And our alumni are asking for even more time together — so stay tuned as we work to create more space to learn in community!

"My experience working with HIP as a 2022 Health Equity Awakened Leadership Fellow and capacity-building partner has been transformative. It is a gift to be in community with leaders transforming public health practice who hold change so strategically and lovingly. Through our capacity building partnership, we cultivated a new way for people in my health department to show up and build relationships and power with front-line community organizers. Doing our work differently is leading to impacts that we could not otherwise bring into being. On a personal note, I would not have stayed whole doing this work without them. I am inspired daily by the clarity of our shared purpose.... I am grateful and humbled to do the work alongside you. Thank you, HIP!"

– Kate McMahon, MPH, Chicago Department of Public Health

With the influx of federal Covid health disparities funding, **HIP deepened its long-term relationships with NACCHO and ASTHO**, the associations representing local and state health departments, respectively. We worked closely with NACCHO to support and create new tools for their **Mobilizing for Action through Planning and Partnerships (MAPP) framework for community health improvement**. We supported listening sessions and led a capacity building training series for **ASTHO's Overdose Data to Action health equity cohort**. And we kicked off planning and visioning for support to state, local, tribal, and territorial health departments through **Communities of Practice, technical assistance, and transformative narrative work** launched in 2023.

"It has been very rewarding to connect, learn and problem solve with health equity champions and practitioners from across the nation. In both governmental public health and health care organizations, like mine, we are committed to the health and well-being of our communities. While the verbal commitment to equity values is there, our systems were not built for genuine equity, diversity, and inclusion work. This resistance to change is extremely draining for BIPOC leaders like myself. Having the opportunity to be part of the leadership institute reminded of the importance of a) building resilience for myself to do this work, b) building a community to support you on your journey, and c) the tools and resources you may need along the way. This experience grounded me in the values of why I do this work, why I wake up every day prepared for what's ahead of me, and why I believe that change is possible."

– PhyuSin MK Myint, PhD, Chief EDI Officer, Health Share Oregon

DEEPER DIVE: COMMUNICATIONS & NARRATIVE CHANGE

We created and shared messaging, narratives, and resources to advance health equity and racial justice.

In 2022, we disseminated over **27 resources** to support public health capacity building, advance social movement campaigns, strengthen power-building relationships between public health institutions and community organizations, and deepen thought leadership on what creates collective health. Resources ranged from power-building guides and worksheets to policy-focused research reports and advocacy tools to narrative and messaging toolkits. Over the course of the year, HIP staff hosted **12** webinars, spoke on over **20** external panels, and presented at or attended **9** national conferences and convenings.



DEEPER DIVE: COMMUNICATIONS & NARRATIVE CHANGE

We honed in on the power of narratives to support health equity and expanded the infrastructure for public health practitioners to use narrative — because, as James Baldwin put it, “The world changes according to the way people see it, and if you alter, even by a millimeter, the way a person looks at reality, then you can change it.”

In partnership with [County Health Rankings and Roadmaps](#), **HIP created a narrative training and development curriculum** to introduce narrative power as a strategy for health equity, identify dominant narratives that impede equity, and build a transformative narrative for collective health. By the close of 2022, we trained over 200 public health practitioners nationally, and synthesized a beautiful and transformative collective narrative on what a healthy world looks like.

We also convened a **narrative Community of Practice** that meets monthly to share learnings, workshop challenges, and identify narrative applications. Our narrative work over the past year affirmed for us the importance of making space to dream and envision into possibility what seems impossible, to resist through collective hope.



DEEPER DIVE: COMMUNICATIONS & NARRATIVE CHANGE

"It felt like home to my soul and aligned with my values, principles and how I show up in the world! I have never felt this in my career...I felt that I belonged...that my contributions matter... and there are others who are like minded out here to connect and build with for forward movement. We don't have to wait for everyone to get on board. Ripples can turn into waves. Small is all. Small is a reflection of the large."

– Health Equity Narrative Infrastructure participant

We worked to expand public understanding of how “health” is produced and how we can create health equity – because we know that our collective wellbeing encompasses far more than just our individual physical health. We are organizing to build a world where everyone has what they need to not only survive, but thrive – an affordable and dignified place to call home, economic security, community safety rooted in abolition, and a healthy climate and planet, to name a few.

We continued to make the case that racial justice and community power building are at the heart of health equity, and at the center of public health's wheelhouse. We continued to contest the idea that public health is apolitical, and joined with organizing partners to find structural rather than band-aid solutions to the big problems. White supremacy, racial capitalism, the vast inequality of resources, and imbalances in power to change these drivers are the deepest root causes of harm and health inequities, and so that's where we take aim in our work to ensure health for all.



DEEPER DIVE:

OPERATIONS & ORGANIZATIONAL GROWTH

We grew — in fact, we doubled!

In 2022, we were delighted to welcome 13 incredible new staff members to HIP, bringing us to a total of 26. This growth has allowed us to increase our capacity to advance health equity and magnify our impact on the field of public health.

"I really like the emphasis on relationship building and taking time to settle into new roles, having clear emphasis on taking it slow to be able to absorb everything."

- A new staff member at HIP

Even as we grew, we continued to integrate and deepen our commitment to racial justice internally.

To ensure that our growth was aligned with our values, we established a Growth Group comprised of staff across HIP who took the lead in addressing the numerous questions we had about organizational change intentionally, transparently, and systematically. We also updated our hiring practices and other internal processes to center the needs of people of color, and we now have three racial affinity groups to provide additional support to staff in our work to challenge White supremacy and racism.



DEEPER DIVE:

OPERATIONS & ORGANIZATIONAL GROWTH

Many of us from all around the country were able to get together to meet one another (often for the first time!), build relationships, and strategize for the coming years at our **2022 staff retreat in Berkeley**.

And this year, we together made the decision to **end any expectation for in-office work**, extending our remote work policy to all staff indefinitely, in response to feedback that this is the most equitable, safe, and care-full way to move forward.

As a result, **we let go of our office space in downtown Oakland** after having been rooted in the neighborhood for almost 15 years. It was a bittersweet goodbye — we're happy to let go of what doesn't serve us anymore, and at the same time, it's where HIP began our journey and formed many of our original partnerships. But we're excited about what lays ahead, and that we can continue to hire nationally. A small group of us will still work out of a sublet in downtown Berkeley — come say hi if you're around!

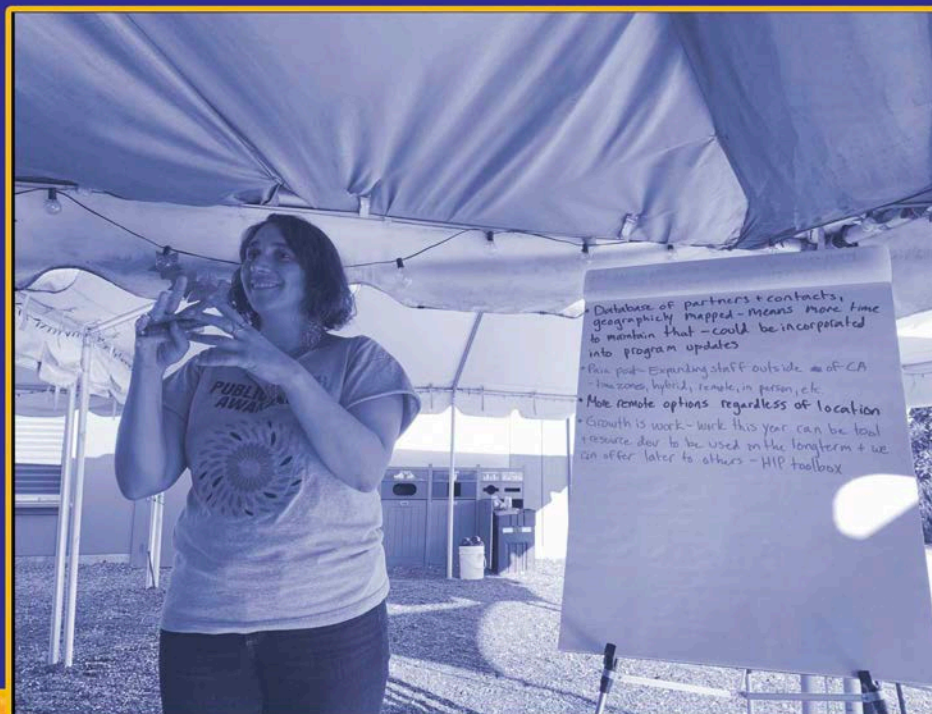


We achieved and built so much together in the past year. What have we learned? Where are we going?

Looking back at 2022, we feel at once energized by all that we have achieved, and humbled by how much further we have to go to build the world we've collectively imagined. Our work is animated by a vision of a world that centers health, healing, and belonging; where everyone has what they need to thrive, collective care is inherent, and health equity and racial justice are not aspirations but reality. It's a systemic, holistic, and comprehensive vision – and it requires change on that scale. This type of change can't be measured by the impact of a single report, a particular policy win, or any discrete metric. We're holding that ever-present tension—between a desire to identify the immediate results of our efforts, and the knowledge that real, structural change is long-term, incremental, and emergent.

So here are reflections from our team on where we're at now as an organization, as a public health field, and as an equity movement more broadly.

Our findings from the past year are closely aligned with the vision, strategies, and goals we laid out for ourselves three years ago, but now nuanced and enriched by learnings that will guide our work ahead.



This is a potent moment for us to support community power-building.

By cultivating capacity and alignment across public health and grassroots movements, and building synergy across advocacy initiatives, we can achieve big wins.

There's a great deal of interest in power-building across public health. The influx of federal funding created many opportunities to build capacity and literacy around community power-building. That resourcing is matched by heightened energy around partnering with community power-building groups to advance equity. We see an opportunity to provide more bridging support to build clarity and capacity for these deeply needed partnerships, by better articulating the unique role community power-building organizations (CPBOs) play in policy and systems change, distinguishing how community power-building differs from community engagement, and creating resources to help health departments use community organizing tools.

We are poised to mobilize the public health sector to partner with grassroots movements and win transformative change. As a larger organization, with more dedicated Policy and Organizing staff, we are finding

ways to become more than the sum of our parts and invest our energies synergistically in partnerships, geographies, and advocacy initiatives. We are building the leadership and engagement of our national Public Health Awakened and laying the groundwork for new leaders with our Abolitionist Public Health Student Network. We are building coalitional strength with others in public health who share our vision of a field committed to structural change through bolder advocacy and lobbying. We believe the field of public health and movement partners are poised to achieve greater wins together.



Systems-change is incremental, continuous, long-term work. Our strategies must be durable and generative to sustain the health equity movement.

We need to continue building out advocacy strategies to sustain a long-term movement for health equity. Three years into the COVID pandemic, people are burned out — particularly across movement spaces and the public health field. And we face serious political threats and potential backsliding from progressive reforms. We need to respond to these threats by countering damaging narratives, building power with community organizers, and advocating for policies that improve the material conditions of our communities. We see a role for HIP to continue this work, while also creating regenerative spaces for our public health community to acknowledge burnout, process trauma, heal, and recharge for the work ahead. We are particularly excited about better incorporating a disability justice frame into our work.

We need to advocate as a field for broader structural changes to federal and state

funding, appropriations, and mandates to ensure health equity initiatives continue, deepen, and expand. The momentum that carried us forward after the racial justice uprisings in 2020 has hit the wall of bureaucracies and institutions. Declarations of racism as a public health crisis have sometimes halted at the symbolic, and much of the federal funding for health departments to advance health equity have limited 2-3 year horizons. So while health departments are investing in making internal changes, the staying power is unclear.

In addition to internal public health capacity building, we need to achieve structural changes to ensure this work remains resourced, and extends into the long-term. We can only do this by growing the ecosystem of health equity advocates and working in coalition to advance a strong inside-outside strategy.



Narrative change is public health work.

By transforming narratives, we can expand public understanding of how “health” is produced, set the groundwork for policy changes, and envision new possibilities for a more liberated world.

Our research and communications strategies can effectively shift narrative frames and make our allies' community-led solutions commonsense and irresistible. Next, we need to integrate our transformative narratives and cultural strategy across issue areas to more completely envision a health equity future, through projects that advance housing justice, climate justice, community safety, and economic security narratives.

We need to continue to expand the infrastructure of public health practitioners who understand narrative as a form of power.

There is a lot of excitement and mobilizing potential around narratives in public health and movement spaces right now, and we need to continue to deepen our networks and approaches to applying transformative narratives. We're also excited to expand into other modes of culture change work, and explore ways to translate health equity narratives into creative forms that have deep resonance and the potential to catalyze broader health equity movements.

Health, wellbeing, and systems change are relational. The strength of our movements rests on the depth of our relationships, and we must nurture and create space and time for them in our work.



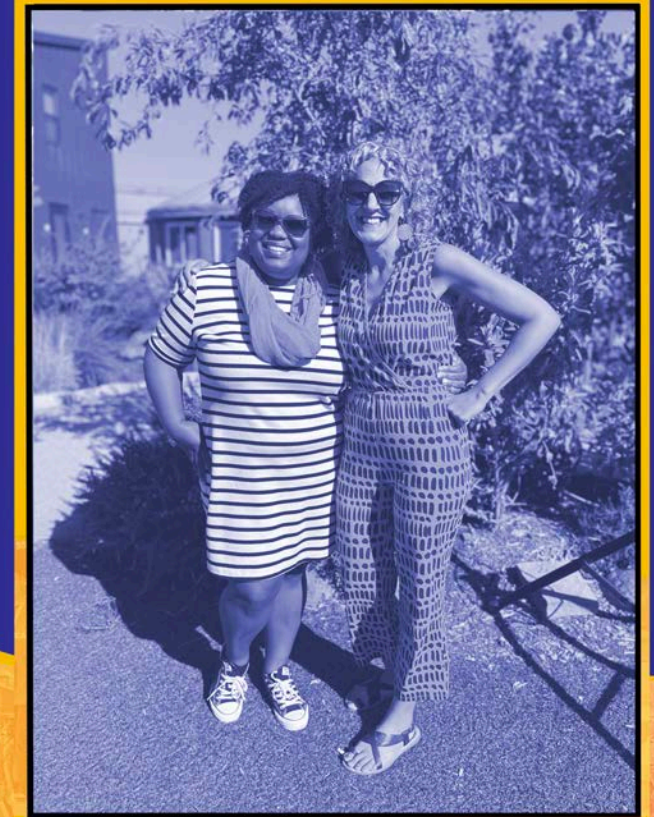
We need ongoing, shared spaces across place to grow the new, leading edge of governmental health equity practice.

Public health practitioners tell us that they've had lots of health equity and racial justice training and are in need of space to connect to other practitioners doing similar work. They want to be in dialogue with one another, as peers, discussing tactics, sharing strategies, problem-solving, and generating new approaches. We're convening ongoing Communities of Practice to continue these shared spaces for conversation and relationship building.

Trust and relationship building take time. Relationship and trust building between health departments and community power-building organizations is critical for impactful partnerships and take years to develop. Funders can support needed relationship building processes but shouldn't anticipate quick campaign wins. This work is not sustainable if shouldered by just 1 or 2 staff, it needs to be built out and deepened within agencies over time. This can be challenging in a context where health departments are short staffed, where workers are burnt out, and community organizers are continually putting out fires. But COVID and other past work illustrate that trusting relationships yield bolder policy wins and lasting impacts.

Public health practitioners need transformative leadership opportunities to build community together. When Health Equity Awakened Fellows came together for in-person gatherings, *something magical happened*. They were present, engaged, and willing to take risks — all of which are profoundly important if we want to build leadership at the personal level. Being in a more transformative container together forged a sense of kinship, and of being held in loving accountability to the cohort, allowing leadership to blossom — which in turn, emboldened bigger change and risk-taking when they returned home.

As an organization, the success of our growth hinges on our personal connections and relationships. We created a HIP that is bigger and also still personally connected. How we planned for growth reflected our values of centering humanity and relationships. New staff reported that their experience of joining HIP was thoughtful, caring, and grounded in getting to know each other.

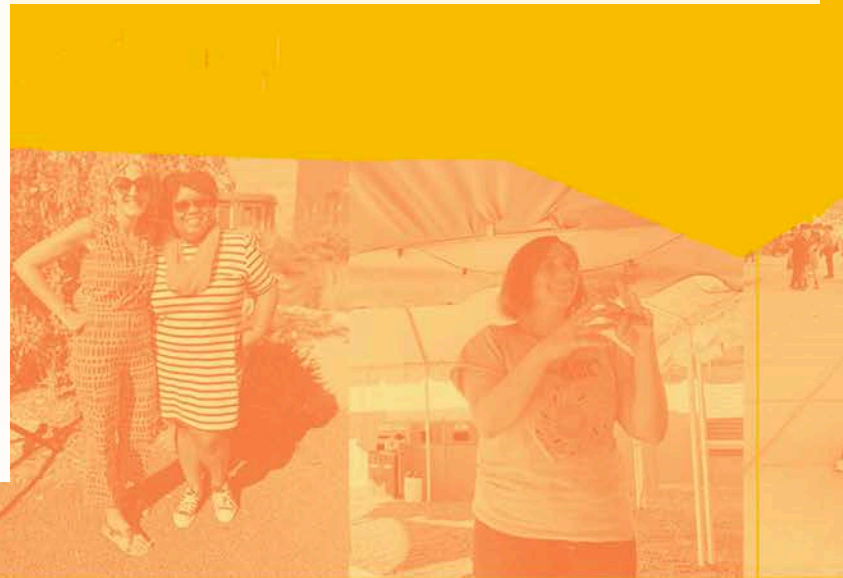


Transforming society requires transforming ourselves. Growth must be paced by internal reflection, integration, and infrastructure; the changes we seek to make on a systems-level must flow from within.

We added operations capacity and we should have done this sooner! More people require more complex systems and more support, including during sabbaticals and onboarding. Our new operations staff were among the last to join the team and we could have used their help earlier. Also, they are amazing and are making everything easier, more efficient, and way more fun.

We embedded building relationships into our policies and budget to support the shift to remote staff. The change to office-optional has resulted in new policies, budget categories, and office space. We developed a comprehensive remote work policy that includes explicitly naming the work it takes to build relationships without regular in-person time and finding more ways to connect remotely. We also piloted a “co-working week” for staff to come together in person, just for the sake of being in person. It was great, and now we are planning two of these for 2023!

We are exploring our own collective identity, and reflecting on what this means for our capacity building work and approach. We often find potential capacity building partners are excited and eager to embark on a health equity journey, yet are mired in internal issues that need tending before larger external or programmatic shifts. This has led us to redesign our offerings into a more strategic model that represents our ideas, hopes, dreams, and identities — focusing on building internal containers for health equity that integrate **the head and the heart**, and advancing skills and practices that actually change the structures and systems that drive health inequities. We've learned it's essential to start by centering our humanity, so that staff trust and feel safe with one another to move their work forward. As a team, and as an organization, we need this too!





We are grateful to our philanthropic partners who provide thought partnership, support our vision and work, and encourage innovation and taking risks. Deep gratitude to (in alphabetical order): Blue Shield of California Foundation, JPB Foundation, Robert Wood Johnson Foundation, The California Endowment, The California Wellness Foundation, The Kresge Foundation, The W.K. Kellogg Foundation, and Wellspring Philanthropic Fund. We also appreciate the ongoing partnership of the many health organizations who provide us funding support for our partnerships, including (but not limited to): Association of State and Territorial Health Officials, National Association of County and City Health Officials, Pew Charitable Trust's Health Impact Project, and University of Wisconsin Population Health Institute's County Health Rankings & Roadmaps.

Human Impact Partners transforms the field of public health to center equity and builds collective power with social justice movements. Want to learn more about anything you read? Visit us at www.humanimpact.org. Have questions, feedback, connections to make? Reach out to us at info@humanimpact.org.

