



We Are All Public Health

Partnership and collaboration between governmental public health, community-based organizations and intermediary nonprofits lead to greater health equity. **Together, public health systems can be responsive to the unique needs of all communities.**

We Are All Public Health

To build stronger public health, we need intentional collaboration between everyone — local and state health departments, federal public health agencies, hospitals and our health care systems, funders including philanthropy, the community-based organizations that know their communities best and the intermediary nonprofits that can help connect it all together. **We all have a role to play in applying lessons learned from the shortfalls of an inequitable system, and in collectively moving public health forward.**

Health inequities in our most vulnerable communities have existed, persisted and even widened for decades upon decades, and have been perpetuated by gaps in our public health system. Closing these gaps requires the support and leadership of a public health ecosystem comprised of governmental agencies and other sectors, united with community-based organizations, each with its own role to play in achieving health equity.

Governmental public health

excels at tackling major issues and implementing wide-reaching solutions that address the needs of large populations.

Community-based organizations (CBOs)

bring knowledge, primary language facility, pre-existing relationships with community members, trust and competency that are critical to successful engagement.

Amplifying the strengths and efforts of these two types of organizations are **intermediary nonprofits**, like the Public Health Institute (PHI), which serve as conveners, connectors, facilitators, thought partners and problem-solvers. They enable governmental public health to meet the unique needs of all the communities they serve while helping CBOs access the timely and flexible funds, resources and support they need to find creative solutions that work where they live. They work across jurisdictions and can connect and magnify power in populations, like LGBTQ+ and Native American, that are geographically disperse.

A system that supports equitable public health is inclusive of and led by all three sectors together, and the way we fund this system needs to support all of its interdependent parts.

Health Equity Starts at the Community Level

Major public health crises and chronic issues exacerbate health inequities. Systemic injustices keep many communities from accessing health resources as well as basic needs like nutritious food or stable housing.

It is not realistic, fair or effective for a single entity to address these gaps in our system. We all have a role to play, and we all could use a little help.



GOVERNMENTAL PUBLIC HEALTH

... is critical to a well functioning public health system.

They have the resources, data, infrastructure and expertise to get life-saving resources to the most people. They are able to set the tone and direction for how a region responds to public health issues and can bring others to the table to address specific needs.

But they can't do everything:

Staff & Capacity: There is currently a vast shortage of governmental public health workers.

Unique Community Needs: No single entity can be expected to have deep knowledge of and trusted relationships with all communities. The need to act quickly over a large geographic area can encourage a one-size-fits-all approach that doesn't actually fit all.

Grant Requirements: Governmental grant processes can have very specific requirements, which often prevent many CBOs from receiving funding and providing vital supports.

COMMUNITY-BASED ORGANIZATIONS

... are best positioned to meet the needs of under-reached communities who have faced decades of systemic racism and exclusion.

They function as trusted institutions in their neighborhoods — faith groups, barbers, volunteer organizations, schools, rec centers — and help holistically address all the factors that contribute to health.

But they can't do everything:

Staff & Capacity: CBOs need sustained resources for staff to effectively respond to growing community needs.

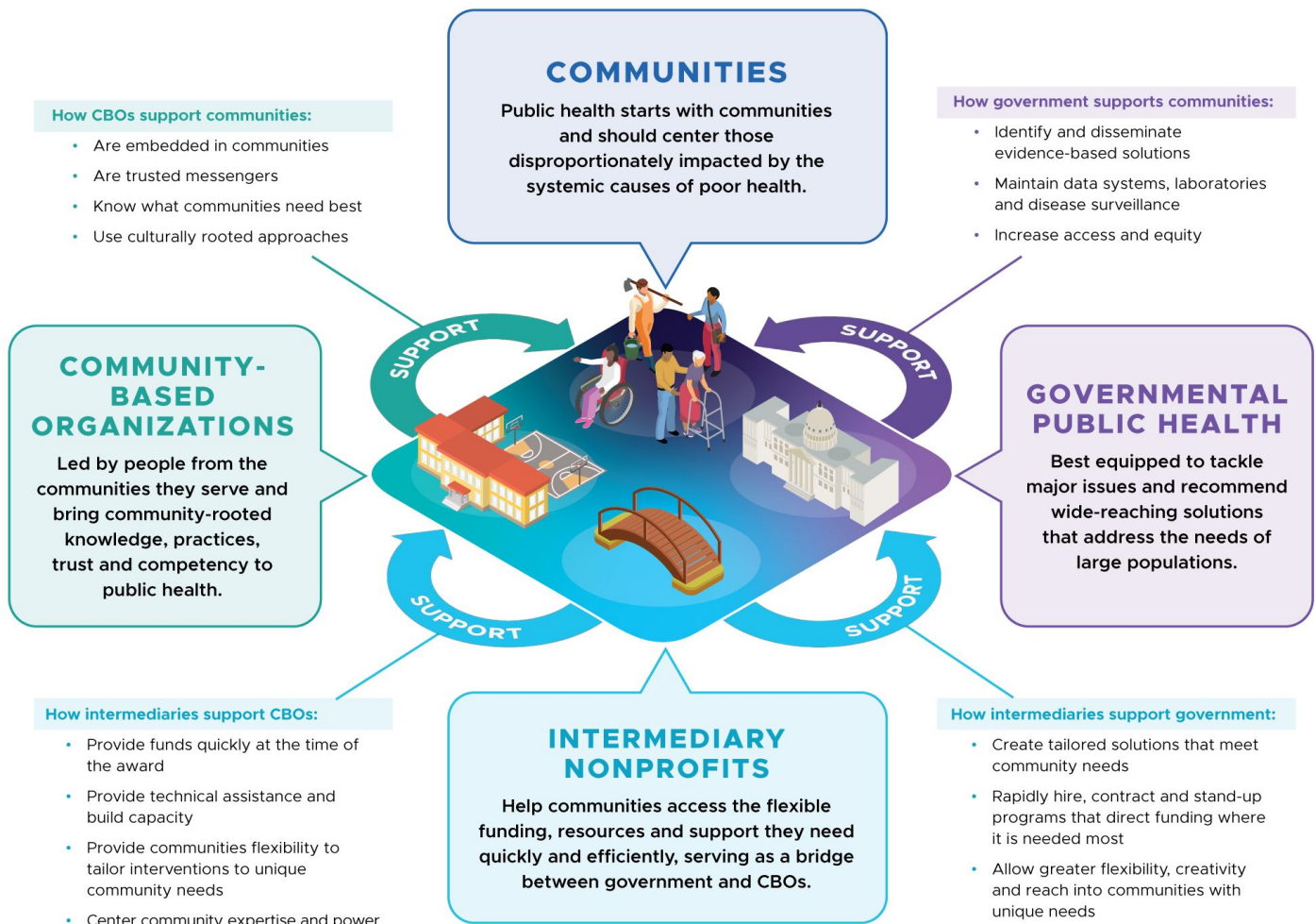
Funding: CBOs rarely have ongoing, sustained funding to address root causes of health in an effective way. Competing for and securing funding can be a challenge for CBOs due to onerous applications, insurance requirements and the time gap between being awarded grants and actually receiving funds.

Grant Requirements: CBOs who do secure funding still face strenuous reporting and compliance requirements that take valuable time they could use to serve their communities.

An Equity-centered Public Health Ecosystem: Partnerships between Government and CBOs

Communities need solutions that are targeted, sufficiently-resourced, sustainable and meet their needs, cultural norms and styles of communication. But how can we accomplish this with the gaps in the public health system?

WHAT AN EQUITABLE PUBLIC HEALTH ECOSYSTEM LOOKS LIKE



HOW INTERMEDIARIES CAN HELP BRIDGE THE GAPS

The unique capacities of a knowledgeable partner ensures governmental public health can find, engage, partner with and fund community-based organizations —

intermediary nonprofits like PHI can form the bridge between governmental public health and community-based organizations, helping government identify and more effectively fund community-based organizations while giving CBOs the support, thought-partnership and guidance needed to access and succeed in public sector partnerships.

More specifically, intermediaries can:

- **Act more nimbly** than governmental public health in crucial, sometimes life-or-death, moments to administer much-needed funds that can be used flexibly to meet the most urgent needs of communities.
- **Quickly hire and recruit** for critical positions as well as connect government agencies and departments with community health workers from CBOs to address the shortage of public health capacity.
- **Process awards and contracts in days**, instead of weeks and months, and meet other legal, compliance and human resources guidelines that allow governmental organizations to get their funding directly where it is needed, rapidly and efficiently.
- **Provide direct technical assistance** to CBOs, connect CBOs to funds and resources they may not have been aware of or have access to previously, and create space for shared learning, creativity and collaboration between other CBOs and public health agencies or departments. They work across jurisdictions to connect communities who may be isolated but share common language or culture.
- **Develop and expand the capacity** of CBOs and governmental public health, ensuring they can continue to support health equity work far into the future and developing a public health workforce made up of community members who can understand and are trusted by their neighbors.
- **Serve as trusted collaborators** with CBOs, with whom they can communicate without the power imbalance inherent in funder-grantee relationships.

We will see a more robust and equitable public health sector if government public health agencies and departments include CBOs and intermediary nonprofits at the table to shape, implement and drive public health decisions.

INTERMEDIARIES IN ACTION

Together Toward Health (TTH)

In response to COVID-19 in California, PHI's Together Toward Health program brought CBOs, local health departments and funders together to support the communities most disproportionately impacted by the pandemic.

As a convener, TTH was able to create space for health departments and CBOs to share resources with and learn from each other. And because TTH was able to provide fast, flexible funding up front, CBOs were able to move quickly to meet the needs of their communities — hire permanent staff, hold pop-up vaccine clinics, provide transportation support and offer direct health services like food distribution, masks, PPE, tech and other resources.

In two years, TTH granted more than \$33 million to over 548 CBOs in rural and urban communities across the entire state, working in 52 languages.



Achieving Resilient Communities (ARC)

Wildfire smoke and climate change are growing threats to farmworkers, who must often continue to work in the fields during wildfires and extreme heat events. In Ventura County, exposure to hazardous wildfire smoke harms Indigenous Zapotec and Mixtec farmworkers, which can lead to asthma, heart attacks, chronic heart and lung disease, as well as adverse pregnancy outcomes.

PHI's Achieving Resilient Communities (ARC) played the role of intermediary and partnered with local nonprofits serving those farmworker communities to advocate for and update the emergency smoke alert system to use real-time health safety information via audio or text to farmworkers in Zapotec and Mixtec. A farmworker-led advisory board is now addressing the need for adequate cooling and air filtration in farmworker housing.





What Needs to Happen Next

- Expand how we think about the public health system to **include governmental public health, intermediary nonprofits and community-based organizations** because they all play essential roles.
- Ensure that **nonprofits and community-based organizations are included as eligible entities** for state and federal funding mechanisms.
- **Fund community-based health efforts** and engage intermediary nonprofits' and CBOs' expertise to meet the health needs of under-resourced communities.
- Support and **follow the leadership of community-based organizations**. Give them flexibility and trust to do what they do best.
- **Build up the public health workforce** by investing in and training people from the communities they would serve, and creating community health worker and Promotora career pathways and reimbursement mechanisms.
- **Acknowledge the lessons** that have served us well in health crisis situations like the COVID-19 pandemic and **apply them to our daily investments in public health**.

A stronger, more connected public health ecosystem will not only better prepare us for the next crisis, it will help us build a healthier and more equitable future together.

For more information visit phi.org