20 YEARS OF HIP



CELEBRATING TWO DECADES OF HEALTH IN PARTNERSHIP



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Health in Partnership (HIP) transforms the field of public health to center equity and build collective power with social justice movements. Learn more at http://www.healthinpartnership.org.

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A MESSAGE FROM OUR CO-DIRECTORS

REFLECTING ON 20 YEARS OF HEALTH IN PARTNERSHIP

Dear friends, partners, and community,

As we celebrate HIP's 20th anniversary, we are looking back and around at all that has been built, changed, and won together with you.

Over the past two decades, Health in Partnership has grown and evolved alongside our partners, the field, and broader movements. What began as an effort to bring health and equity into decision making has become something much larger: a collective project to transform public health, strengthen our ecosystem, and build organizing power with social movements fighting for equity and justice.

This work has taken shape through countless relationships, campaigns, and movements. So many people have made us who we are today.

The colleagues and organizers who pushed us to hone our analysis of power as a root driver of health. The public health workers who took risks inside their institutions to center equity and justice. The community partners we've been in relationship with for years, and the communities whose leadership and vision have always pointed the way forward.

We're thinking about the many major inflection points over HIP's arc — the 2016 election, the onset of the pandemic, the mass uprisings for Black liberation and racial justice in 2020 — and the quieter moments, too. Conversations where something shifted; experiments that became field-building innovations; spaces where people were seen and held; the feeling when a years-long campaign becomes a policy win.

This is what 20 years of HIP looks like.

“

Over the past two decades, Health in Partnership has grown and evolved alongside our partners, the field, and broader movements.

At HIP's core is a shared belief in a world where everyone has the power and resources we need to live with dignity, health, and justice. We believe that we can and must build that vision through clarity, courage, and strategic mass action.

We are living in a time that asks a great deal of all of us. Across the country, we are witnessing the rise of an emboldened authoritarianism, rapidly deepening inequities and explicit discrimination, and coordinated attacks on our communities, democratic institutions, civil rights, and basic social supports. Public health is embedded in many of the systems that are being contested right now, and we have both responsibility and power in navigating how the future unfolds. Today, public health is a site of struggle, and of possibility.

At this two-decade mark, we are at once proud, bewildered, grieving, and grateful to realize, again, that HIP was built for moments like this.

This report centers the voices of some of the countless allies and partners who have shaped HIP's journey. The 20 reflections you'll find in later pages come from partners across our history and ecosystem who have guided us to who we are today. We hope that they offer a glimpse of what HIP's work looks like in practice, and what becomes possible when we center relationships, partnerships, and shared power-building. Thank you to our friends and allies for sharing these reflections, and reminding us of all we have accomplished together.

So much in our lives has changed since we both arrived at HIP: Lili didn't have children and her hair was still fully black. Today, her kids are teenagers and she's gone mostly gray (possibly related?). Solange's children are out in the world being young adults and she's now raising cats, vegetables, and dust on the dance floor.

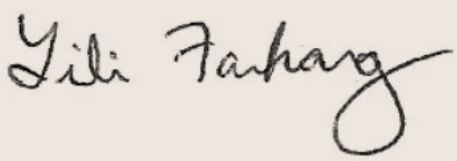
At this two-decade mark, we are at once proud, bewildered, grieving, and grateful to realize, again, that HIP was built for moments like this.



What has remained constant for both of us, through political changes, through losses and wins, is a real optimism that someday, we will win the world we deserve, for all of our children and their children. We continue to believe in our vision of a public health system rooted in equity, justice, collective care, and belonging.

We invite you to join us today, and for the next 20 years ahead: to deepen our relationships, to collectively build what heals and nourishes us, to create the democratic conditions necessary for governance in service of the people, and to organize a world where everyone has the power, resources, and ability to thrive. As always, we are so honored to be in this work with you.

With gratitude and solidarity,



LILI FARHANG



SOLANGE GOULD

What has remained constant for both of us, through political changes, through losses and wins, is a real optimism that someday, we will win the world we deserve, for all of our children and their children.

THE HIP STORY: 20 YEARS OF GROWTH, PARTNERSHIP, AND POWER

CELEBRATING TWO DECADES OF HEALTH IN PARTNERSHIP

Over the past two decades, Health in Partnership has grown and evolved alongside our partners, the field, and broader movements. What began as an effort to bring health and equity into decision making has become something much larger.



HIP's first Board of Directors, 2011.

2006 - 2010

HIP'S FOUNDING: SHAPING A FIELD

2006

HIP's founding

- HIP, originally Human Impact Partners, is founded by Rajiv Bhatia and Jonathan Heller as a nonprofit project of the Tides Center.
- Building on the international Health Impact Assessment (HIA) practice, and rooted in the values of equity, justice, and community, HIP begins advancing HIA as a tool to influence decision-making in housing, land use, and transportation, with a focus on the Bay Area and California.

2007 - 2008

HIP firsts and early wins

- First HIA and first local win, a collaboration with West Oakland organizations and residents to minimize the negative health impacts of a freeway on a proposed senior housing development project, addressing community concerns about air quality, noise, safety, and access to retail. First HIA training. First employee hired. First statewide HIA, assessing a paid sick days policy in California, which cements our long-term focus on workers' rights.
- First strategic plan, with the mission that health should be considered in all decision-making.
- HIP helps shape what becomes a national HIA practice for the public health field. HIP co-organizes and co-hosts the first "HIA of the Americas" conference, and, as part of the North American HIA Practice Standards Working Group, releases first practice standards for HIAs.

HUMAN IMPACT PARTNERS

HIP's original logo.

2010

Independence and growth

- HIP spins off from the Tides Center to become an independent 501(c)(3) nonprofit organization, and expands to a national focus. First Board of Directors empaneled, made up of community organizers, public health advocates, and other leaders committed to our mission.
- HIP employs seven full-time staff. They have conducted 28 HIA trainings for over 800 people; provided mentoring and TA to over 20 organizations and agencies in 16 states; completed numerous influential HIAs and related projects, including in new issue areas like employment and education; and supported field-building activities by coordinating HIA of the Americas and SOPHIA, an international community of HIA professionals.



HIP staff at our annual staff retreat in 2026.



HIP Board and staff at the March 2014 Strategic Planning Retreat.

2010 - 2014

REFINING OUR VALUES AND VISION: EQUITY AND JUSTICE

2012

Equity becomes explicit in our mission

- HIP's second strategic plan deepens its commitment to equity with an updated mission that "health and equity should be considered in all decision making." HIP also adds a third core strategy beyond conducting HIAs and training on HIAs: field-building activities to promote equity- and community-oriented approaches to HIA.

- HIP formally adopts a co-directorship model, with Lili Farhang stepping in as Co-Director alongside Jonathan Heller, aligning its values of shared leadership, equity, and sustainability with its leadership model.



Lili Farhang joins Jonathan Heller as a Co-Director in 2012.

2012 - 2014

Expanding our national reach and prioritizing community-based partners

- 20+ HIAs completed, 1,000+ practitioners trained nationally, and our first statewide HIA win with funding for treatment alternatives in Wisconsin.
- HIP makes the decision to narrow our core HIA partners to 'communities most impacted' and ceases doing HIAs for government agencies due to a lack of agency power to advance HIA recommendations.

2014

Health Equity Awakened launch

- HIP develops and launches Health Equity Awakened as a leadership development lab for people in health departments to advance equity.



HIP staff and partners at the American Public Health Association (APHA) annual conference in San Diego, CA, 2018.

2015 - 2019

BUILDING POLITICAL ANALYSIS AND MOVEMENT INFRASTRUCTURE

2015

Strategic pivot – moving toward movements

- HIP shifts from project-based HIA work to a movement-centered, power-building approach, and adopts a new 2015-2019 Strategic Plan with the tagline "Bringing the power of public health science to campaigns and movements for a just society."

- Advocacy, organizing, and capacity building are named as core strategies. Inside-outside strategy becomes central to our mission.
- HIP establishes Health Instead of Punishment as its first issue-area program, recognizing that the criminal legal system inflicts harm — especially on people of color and those most impacted by structural oppression.



Health Equity Awakened staff and mentors.

2016

Activating the field during Trump's first term

- HIP launches Public Health Awakened to mobilize public health practitioners in response to the 2016 election of Donald Trump, marking the start of HIP's adoption of organizing as a strategy.
- HIP starts delivering health equity trainings to health departments, focused on building shared analysis of the roots of health inequities and how to organize to take action internally.

2017 - 2018

Foundational initiatives launched to transform governmental public health, and ourselves

- HIP releases the Health Equity Guide, a comprehensive resource for public health departments and practitioners to implement health equity work.
- HIP launches a substantially revised Health Equity Awakened Leadership Institute, with a more explicit focus on racial equity and justice.
- HIP launches Power-building Partnerships for Health, a cohort program that deepens relationships, trust, and structures for local health departments and community power-building organizations to take collective inside-outside action for health equity and racial justice.
- HIP adopts a new racial justice framework; names 'heart and head integration' as a part of our work; and begins narrative work to shape the stories we tell about what creates health and well-being for all.



HIP's first Power-building Partnerships for Health cohort.

2019

Deepening political alignment

- Health Instead of Punishment explicitly names abolition as a public health imperative, helping to push the field toward understanding the end of prisons and policing as essential to health.
- Public Health Awakened expands geographically, and establishes three chapters in LA, Michigan, and DC. HIP leads its first organizing training for 30+ Public Health Awakened members.



HIP staff and participants at a 2019 Public Health Awakened organizing training.



HIP staff at our annual Strategy Week in 2025.

2020 - 2025

MEETING THE MOMENT AND RE-NAMING HIP

2020 - 2021

New beginnings and new crises

- The organization welcomes Solange Gould as new Co-Director! We bid farewell to Jonathan Heller, HIP's Co-Founder and Co-Director.



Solange Gould joins Lili as a Co-Director in 2020.

- As the world is thrown into crisis in 2020 with the start of the COVID-19 pandemic and the police murder of George Floyd in Minneapolis, HIP leans into emergent strategy and rapid response in the face of unprecedented global upheavals and rolling emergencies.
- HIP works with community organizers on targeted campaigns for housing and worker justice that connect health equity and the COVID pandemic, garnering national attention.
- HIP develops a COVID policy platform pushing for expanded unemployment, canceled rent, and decarceration; deepens its housing justice organizing to push for eviction moratoria and housing security.
- A new strategic plan reframes HIP's mission as transforming public health and building collective power with social movements.

2022

Organizational growth, new reach, new programs

- HIP's staff nearly doubles to 25 people across the country.
- Public Health Awakened grows to 3,000+ with members representing all 50 states.
- We provide training, technical assistance, coaching, and leadership development to public health practitioners at 26 public health departments and organizations across 12 states and Washington, D.C. We create new resources for public health departments to partner with community organizers.
- HIP creates a new Housing Justice program, taking a multi-pronged approach to leverage public health's knowledge, data, resources, and skills to make housing a basic right for all people, and to build power with grassroots housing justice movements.
- HIP launches the first cohort of the Abolitionist Public Health Student Network to support political education and organizing for the abolition of the prison industrial complex with students and partners in academia.

- With County Health Rankings and Roadmaps, HIP launches Narratives for Health, creating a public health narrative infrastructure of over 200 practitioners nationwide trained in transformative narrative development and dissemination.



Participants build relationships at a Power-building Partnerships for Health retreat.

2023 - 2024

Deepening our ecosystem

- HIP develops a Research Code of Ethics as a resource for the field and to hold ourselves accountable to practicing research that is responsible, equitable, and just.
- HIP launches the Housing Justice as Health Equity Collaborative in CA to fight for improved access to stable, dignified, and affordable housing, and the national Public Health for Community Power Coalition to more formally bring public health allies into organizing campaigns.
- HIP's role as a movement network weaver also grows, as HIP joins more coalitions, such as Fossil Free for Health and the CA Green New Deal Coalition.



HIP staff and partners at an ICE Out of California rally, San Francisco, CA, 2024.

2023 - 2024

HIP celebrates major health equity policy wins!

- A Power-building Partnerships for Health collaboration between Step Up Louisiana and the New Orleans Health Department successfully wins their economic justice campaign to pass a Workers Bill of Rights for the city.
- HIP's independent research and strategy consultation support community organizers at Starting Over Inc in Riverside, CA in winning a campaign to end the city's discriminatory "Crime Free Multi Housing" policy.
- Cal/OSHA, the California agency responsible for worker safety, adopts two worker safety policies recommended in a HIP report on climate change and CA worker health.



HIP staff advocating for policy change at Enact Day, California's largest public health advocacy event, Sacramento, CA, 2024.

2025

A new name, a new political era, and new power to transform the field

- Human Impact Partners becomes Health in Partnership, with the tagline “Building power for equity and health,” and launches a new website.



HIP gets a new look in 2025!

- With the release of our 2025-2030 strategic plan, HIP sharpens its role as a connector, strategist, and organizer and adopts an explicit ecosystem approach.
- In the face of increased state violence by ICE and militarized repression of protest in Trump’s second term, HIP creates rapid response resources to support public health workers and protect immigrant rights.
- HIP responds to the Trump administration’s attacks on public health infrastructure and funding, hosting three rapid-response convening series for public health practitioners to create space for connection, solidarity, and collective action.
- HIP elevates a focus on challenging corporate power and greed. HIP supports the nationwide Make Polluters Pay! Campaign, builds a multi-state health movement for rent control, and releases novel research on the health harms of corporate takeovers of housing that helps inform a congressional probe.
- HIP releases The Five Dimensions of Inside-Outside Strategy, a comprehensive framework and guide for public health and social movements to build powerful partnerships.



HIP staff at our annual retreat.

2026 and beyond

HIP TURNS 20!

2026

HIP joins movements to resist rising authoritarianism with explicit field-building, solidarity, and mobilization

- In response to the accelerating rise of authoritarianism in the US, HIP launches a campaign to mobilize public health to defend democracy and confront authoritarian power. For its first action, HIP organizes more than a hundred public health workers across the country to show up for May Day protests.



Public health shows up for workers' rights, democracy, and collective care at a Bay Area May Day action.

- HIP continues to hold spaces for public health professionals to connect and share strategies, launching the Black Healing and Learning Space and the Governmental Public Health Solidarity and Strategy Network.
- HIP releases new research that makes the public health case for living wages for California farmworkers, garnering national attention.
- HIP releases an updated Policy Platform with a proactive vision to block what harms, build what heals, and create the conditions necessary for governance in service of the people.
- HIP helps launch Organize the Public Health Organizers, a national formation of 17 groups, including health worker labor unions, federal worker organizers, community health and public health membership networks, and democracy organizations, united by a shared commitment to move together in proactive, coordinated organizing power.

20 VOICES OF HIP

REFLECTIONS FROM PARTNERS, COLLABORATORS, AND LEADERS WHO HAVE HELPED SHAPE HIP

Over the past two decades, HIP's work has been shaped by countless partners who have challenged us, taught us, and worked alongside us.

To mark this milestone, we invited 20 people who have been part of HIP's journey to reflect on our shared work. Their perspectives offer a glimpse into what partnership has made possible, how HIP has evolved, and what the future of public health and collective action for equity and justice demands.

We are deeply grateful to these partners for sharing their reflections and for the many ways they have contributed to HIP's growth and impact over the years. While only 20 voices are featured here, they represent the countless partners whose wisdom, trust, and leadership have shaped us and are woven throughout our story.



(she/her/ella)

BIANCA AGUSTIN

Co-Executive Director, United for Respect Education Fund; Current HIP Board Member

When you think about HIP, what three words come to mind?

HEALTH COMMUNITY COLLABORATION

How did you first come into relationship with HIP, and what initially drew you into the work together?

I was introduced to HIP during the Covid outbreak through the Athena Coalition and Warehouse Workers Resource Center, who partnered with HIP on a couple of research reports on warehouse safety and environmental impact, including "The Public Health Crisis Hidden in Amazon Warehouses."

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

HIP's research demonstrating the connections between higher wages and improved physical and mental health outcomes was a pivotal moment for me. It helped crystallize the link between economic justice and health equity.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP has helped shift the field from focusing primarily on individual behaviors and downstream outcomes to examining the upstream systems and actors that shape health. By naming the role of corporations and tracing how business practices influence economic security, workplace and living conditions, environmental exposures, and access to essential resources, HIP has helped bring greater accountability into public health conversations.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope for greater support for cross-issue campaigns that recognize the interconnected nature of economic, racial, gender, and environmental justice. Rather than operating in silos, these movements can reinforce one another, build broader coalitions, and create a more powerful force for systemic change in the face of today's political challenges.



(she/her)

NASHIRA BARIL, MPH

Executive Director, Neighborhood Birth Center; Former HIP Staff

When you think about HIP, what three words come to mind?

RADICAL COMMUNITY-CENTERED RESPONSIVE

How did you first come into relationship with HIP, and what initially drew you into the work together?

I was a fellow in HIP's first cohort of public health equity leaders in 2014. At the time, I was burnt out from leading the health equity office at the city health department and was so honored to be nominated to, and then held in, this circle of leaders during a really transformative time in my career.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

Gathered around a massive fire pit at a retreat center in the woods of Massachusetts, public health leaders from Vermont to California to Minnesota to Washington meditated on their purpose and made commitments to themselves and to each other to feel, deal, and heal.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

I have experienced as a fellow — and then witnessed as I led the Health Equity Awakened fellowship program — HIP's willingness to co-create a container for public health leaders, specifically government employees, to push themselves through discomfort as they wrestle with the truth that our public health systems uphold structural inequity and power imbalances. I have seen seasoned leaders cry, laugh, and deepen relationships as they transform themselves and work together to test strategies for changing the systems in which they work. HIP has nurtured a national network of public health leaders with a shared and sharp analysis of power and equity, who know how to organize inside institutions and create sincere, conspiring relationships with the community.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope for HIP to keep taking risks (in creating narratives, with its own funding, and in partnerships) to continue to be a north star for the field of public health, and particularly for those working in government.



(she/her)

CAROLINE BRUNTON

Program Officer, W.K. Kellogg Foundation

When you think about HIP, what three words come to mind?

JUSTICE COMMUNITY BOLDNESS

How did you first come into relationship with HIP, and what initially drew you into the work together?

I met HIP early on in my tenure at the W.K. Kellogg Foundation (WKKF). We were wrapping up a project called Healthy Heartlands, where HIP was working with the network partners to bring a public health lens to family-centered policy campaigns in the Midwest. As I dug into the work with Healthy Heartlands, I started to get a sense of how HIP used the tools and skills of public health to make a difference in broader social movement spaces, and the care with which they built relationships. It was then that I realized I needed to know more about their entire theory of change. It was clear that HIP was special.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

Having worked in public health for my entire career, I have always been acutely aware of its limitations as a field. But seeing how HIP and its partners have been able to use the tools of the field to ally themselves with social movements has really shifted my perspective on public health from a deficit model to an asset model. In particular, the work that HIP did around the health and safety impacts on rideshare drivers really shifted my perspective about what public health can and should add to these important conversations.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP has been instrumental in pushing the conversation about the role that public health professionals can play in advocacy. They, along with their partners, have collectively shifted the narrative about public health as a political field. For years, so many of us have been told to be apolitical. HIP has helped flip that notion. Now, more people know that public health is inherently political, but it doesn't have to be partisan.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope that HIP and partners can continue to push the boundaries of the imagination on what public health can and should be, and how it should be showing up for our communities. I hope they continue to show us all that other realities are possible.



(she/her)

RENÉE (CANADY) HILL

CEO, Michigan Public Health Institute (MPHI)

When you think about HIP, what three words come to mind?

PASSIONATE UNAPOLOGETIC RISK-TAKERS

How did you first come into relationship with HIP, and what initially drew you into the work together?

I was introduced to HIP through a collaborative initiative between community organizers and governmental public health. The "what" of the work was important, but I was drawn by the "how" and the "why" that HIP brought to the table. It was a "heart to heart" and "deep to deep" moment when I connected with the HIP leaders. I realized very quickly that Jonathan Heller and Lili Farhang were my people! Their commitment to the humanity of folk, and their soft cynicism toward systems supposedly established to serve, matched my own sentiments. I knew change would be coming at the hand of HIP, and I was thrilled to be an extension of their reach!

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

The two most meaningful collaborations were our partnership on The Power to Thrive (the community organizer/public health practitioner partnership referenced above), and the Health Equity Awakened Leadership program, which deepened my clarity and commitment to the impact of power. Though I have always seen relationships as my "superpower," tapping more deeply into how power helped or hindered relationships was a direct result of my engagement with HIP leaders. How do you share power, abrogate power, elevate the impact of power, leverage power, and more? Effectively recognizing the power of self and the power of others not only deepens relationships but expedites their impact. It is a framework that has continued to influence my lens and philosophies as a leader.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP has elevated a culture of truth and candor. Rather than being politically correct, they have positioned us to be productively outraged, pushing pretense out of the room. HIP has given us the vocabulary and the courage to use our words in ways to advance equitable outcomes for all.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope that HIP will stay the course and widen the lanes! What it took for us to make progress is also needed for us to hold on to, and to advance that progress. The social lessons of the last year have shown us that opposition foments in silent spaces — and so this work must be undertaken with audacity and clarity. As they have done, HIP must continue to be the bullhorn that announces the truths we often do not notice, or choose to ignore. Steps backward are still movements that offer strategic insights. HIP is powerfully good at learning from lessons (wanted and unwanted!). The field vitally needs HIP's skill at articulating the root of the problem and driving collective solutions. I look forward to benefiting from the fruits of HIP's labor as we look back in 20 years and celebrate the change, improvement, and mutual advantages they have birthed.



The field vitally needs HIP's skill at articulating the root of the problem and driving collective solutions.



(she/her)

SARAH DE GUIA

CEO, ChangeLab Solutions; Current HIP Board Chair

When you think about HIP, what three words come to mind?

COLLABORATIVE CARING COURAGEOUS

How did you first come into relationship with HIP, and what initially drew you into the work together?

When I was working at California Pan-Ethnic Health Network (CPEHN), as Director of Government Affairs, I reached out to HIP for technical assistance on a bill we were sponsoring at the state level. While I didn't have a direct relationship with HIP staff at the time, the director and other CPEHN staff members did. The bill would have required the state's Office of Planning and Research to include a health element in the general plan guidance to local governments. Given HIP's work on health impact assessments, I requested their support on language and framing. HIP staff were friendly, easy to work with, and very supportive — even though they didn't know me yet. It always left such a positive impression on me that they were willing to spend time and help.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

As a HIP Board member, I have had the privilege to be engaged in the organization's strategic planning processes and early campaign ideas. Through the board conversations, staff presentations, partner discussions, and reading materials, I have deepened my understanding of the broader ecosystem approach needed for health, justice, and power-building. This understanding has helped me place my own beliefs and understanding within this ecosystem, my organization's role and possible contributions, as well as HIP's. It has made me feel like I belong in this broader movement, that my leadership and contributions are important and valued, and has brought me in closer support and relationship with HIP's leaders, staff and board members. I am so grateful to be on this journey with the organization.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

I believe that HIP has made advocacy, power-building, and campaign work more accessible and acceptable for the public health field. Before HIP's work, I think public health wasn't always as open to, or embracing of, mobilization, campaigns, and advocacy; however, by building a supportive infrastructure and safe space to be engaged, while also offering training and capacity building for leaders, government staff, and organizers, it feels more integrated and central to our work.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

As we face current and impending challenges, I hope that HIP continues to offer a positive vision for change and collective courage to work towards that vision for each other and our partners. I see HIP as offering a beacon of light no matter what type of darkness we will face. HIP can offer the support for healing, love, and joy and space for mourning and celebration through our journey.



(she/her)

MALLORY HANORA

Co-Director, Families for Justice as Healing

When you think about HIP, what three words come to mind?

COLLECTIVITY CONNECTION CARE

How did you first come into relationship with HIP, and what initially drew you into the work together?

I started at Families for Justice as Healing (FJAH) as a volunteer when I had to do community service on probation. Our founder is Andrea James, who began this work from inside federal prison with the sisters she was incarcerated with. Andrea is a formerly incarcerated mother and a national leader in abolitionist policy, litigation, and organizing. She's a mentor to me and so many other organizers. When I came to FJAH, Andrea and other formerly incarcerated mothers and daughters of incarcerated parents were bravely and fiercely organizing to pass Primary Caretakers, legislation that would allow parents to receive alternative community-based sentences rather than incarceration so they could continue to take care of their children. Mothers and daughters told their powerful stories, revealed some of their deepest trauma, and flexed their policy knowledge day in and day out at our State House. Yet because of misogynoir and the marginalization of directly impacted women, the MA legislature sucked up these women's time and energy without taking action to pass urgently needed policy.

Andrea then connected with Kim Gilhuly, a researcher at HIP at the time, and that collaboration really helped to power our campaign to pass Primary Caretakers. HIP listened to Andrea deeply — as a directly impacted woman, as a policy expert, and as a national leader who was reframing the narrative and setting the tone. For example, Andrea insisted that we not use dehumanizing language like "inmate" and "offender." Writing the report was a collaborative process to avoid the pitfalls of stigmatizing, othering, or looking small on directly impacted moms and kids. We tailored the report to make it responsive to our landscape in Massachusetts so it could really be an organizing tool to pass the bill. And it was.

All of a sudden we had a glossy, cited report with the latest and best public health resources confirming what directly impacted communities already knew and had been telling policy makers for years — incarceration is always harmful, and incarcerating parents passes on that harm to the entire family. We put that report on every single legislator's desk. Women who had to carry the immense burden of telling and re-telling their trauma and

speaking truth to power had a tool that confirmed that it wasn't just any one family's story — that in fact, prison is crushing our communities and alternatives to incarceration are essential to all of our well-being. Directly impacted women are organizing in the context of incredibly oppressive systems and that includes state and local governments.

When organizations like HIP are committed to following the lead of directly impacted women, collectivizing and sharing research and data, and leveraging institutional power in service of abolitionist change, we can win more for our communities together along the way while we fight to truly create what a different world looks like.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

Most recently FJAH has been working with HIP to stop our state's plan to build an almost $400 million prison for women. The state has been trying to sell prison construction to the public as "trauma-informed" and "gender responsive" and "transformational" and "innovative." Yet we know the truth that prison itself is traumatizing and harmful to women, our children, our communities, and future generations — no matter what color the walls are.

We really need partners in public health pushing back with the latest data and research showing that incarceration creates devastating health outcomes, interrupts life-saving care interventions, fuels rather than prevents violence, and robs communities of the resources we need to take care of each other. So the team at HIP drafted a powerful letter and reached out to public health professionals across the state and county to oppose the Governor's prison construction plan and refute that it's evidence-based. We are still using this as an organizing tool in our ongoing fight to stop the construction of a $400 million women's prison, and to insist on investment in life-sustaining care for our communities that actually addresses the root causes of incarceration.

Public health research is just as needed to condemn the harms of incarceration as it is to demand what actually works to ensure people can be healthy and thrive. So often, the language of our movements gets co-opted and parroted back to us in an attempt to disguise carceral expansion. And sometimes public health and medical professionals are even weaponized by system stakeholders to advance reformist reforms, aka further entrenchment in the carceral system rather than actual change.

That is painfully true here as the Governor of Massachusetts claims prison construction is an "investment in people" and is calling a prison building behind razor wire a "Care and Treatment Center." Here, jailers are trying to promote incarceration as housing, healthcare, and education. We need HIP to keep helping us cut through the noise of dystopian, Orwellian, prison propaganda and affirm what is actually transformational, community-led, and life saving.

As abolitionists, we are demonized and called crazy, stupid, radical, reckless, and so on. We're represented as not caring about accountability, even while many of us are survivors of harm ourselves. Meanwhile the system repeats the same patterns of racist violence, control, and harm for centuries which has led to devastating outcomes and disparities of every kind — where is the accountability in that? It's so powerful when we can be in solidarity fighting for community-led healing and care, and working together to bring a different vision of the future to life.

And HIP is so good at tying all the components of thriving communities together! We need physical and emotional care; we need daycare and elder care; we need housing; we need delicious food; we need clean water; we need transportation; we need education; we need dignified income; we need healthy environments; we need dignity; we need freedom!

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

In 2021, the American Public Health Association (APHA) passed a policy statement highlighting the harms of carceral systems and urging all levels of government to "re-allocate funding from the construction of new jails, detention centers, and prisons to the societal determinants of health, including affordable, quality, and accessible housing, healthcare, employment, education including in early childhood, and transportation."

I think that HIP is about bringing that mandate to life so it's not just an empty statement. HIP is mobilizing around the reality that incarceration is a public health crisis, and centering the leadership of currently and formerly incarcerated people in doing so. HIP is creating space for vocal abolitionists to become more equipped to bring about a real shift. HIP is actively seeking and making ways for currently incarcerated people to be more engaged in movement work, and ensuring that public health professionals respect the leadership of directly impacted people. Most importantly, I think HIP is uncompromising about there being no such thing as "good" or "safe" jails or prisons, and no such thing as a "good" immigrant detention or deportation machine. It was so exciting that HIP was part of shutting down a plan for a new prison in Vermont, and we hope they can help us do the same here in Massachusetts!

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

We're in a battle for how we define safety and well-being and how we get there — or if we get more repression, punishment, state-sanctioned violence, and premature death. I know HIP will be there to affirm the dignity of all people, help us tell and amplify our stories, demand better for our communities alongside us, document what's working, and be part of holding a collective vision of what health and freedom look like. There are solutions. We do not have to accept the world as it is or where we're headed — and I think HIP can be instrumental in giving organizers on the ground the tools we need to weather storms and shift our course.



HIP is mobilizing around the reality that incarceration is a public health crisis, and centering the leadership of currently and formerly incarcerated people in doing so.



(he/him)

JONATHAN HELLER

HIP Co-Founder; Senior Health Equity Fellow, University of Wisconsin Population Health Institute

When you think about HIP, what three words come to mind?

TRAILBLAZING HEALTH JUSTICE POWER-BUILDING

How did you first come into relationship with HIP, and what initially drew you into the work together?

I had been working in the biotech industry for nine years. I was fed up with its focus on profiting off of illness and realized that I wanted to be working on preventing disease — that disease prevention was why I originally became interested in a career in health. That's when I became more aware of public health as a field.

As I networked with folks in public health and related fields, asking who was doing innovative work, a number of people pointed me to the Health Impact Assessment work Rajiv Bhatia was doing at the San Francisco Health Department. When Rajiv showed me examples of the work they were doing, I knew I'd found what I was looking for — a way to apply my scientific background to improving health. Rajiv was interested in doing HIA work outside of San Francisco, so we co-founded HIP together and he became my mentor.

I initially thought that giving decision makers more information about the health impacts of the proposals they were considering would lead to better policies. Boy, did I have a lot to learn!

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

My first project with HIP! Margaret Gordon and other environmental justice organizers and activists in West Oakland were interested in bringing HIA to their work. With them and other community members, Rajiv and I went through a rapid HIA process on a project they'd selected — a low-income senior housing project that was being proposed right by the freeway and not far from the port. The community had concerns about air quality, noise, and walkability.

Together, we wrote a 10-page letter filled with data and evidence to the developer. Of course, they didn't respond to us. They had no reason to. But we had a bit

of a relationship with a planning commissioner, and when the project went up for its final approval, we gave public comments about our findings and asked him to ask the developer to address our concerns. He did and, of course, the developer was much more responsive to him. In the end, the project included an HVAC system with air filters, triple-paned windows to keep out the noise, and other changes we recommended. Our first win!

This was my introduction to power and how policies change. The data matters some, but relationships and community organizing mattered a whole lot more. That theme was reinforced repeatedly in all our work subsequent on issue after issue with organizing groups, and it became a central component of what we wanted others in public health to understand.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

I think HIP has helped change the Theory of Change of many in public health doing health equity work. The (often unspoken) assumption is that the data and evidence we share will lead to individual behavior change and to policymakers making evidence-based decisions. That may work sometimes, but it often does not. Because of HIP's work — and the work of a lot of others — many now think that systems are unjust by design, and that changing them requires collective action that shifts power relations.

That shift opens up all sorts of possibilities in public health. Perhaps most importantly, it makes partnerships with community organizers crucial to our work. And those partnerships have led to all sorts of important wins. That's a huge shift!

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope HIP continues to lead public health toward doing even more effective equity work. That requires continued reflection and evaluation, deep engagement with others doing social justice work, and innovation. It requires continued clarity about our values and the risk-taking necessary to turn those values into action. Public health needs to undergo some major changes, and I think HIP can be at the forefront.

If HIP can do that, I think we'll see our organizing and public health partners chalking up many more victories over the next 20 years that improve lives in communities of color, low-income communities, and other communities that have faced structural oppression. Given where we are today, these kinds of victories are far from a sure thing, but I think HIP's work is critical in helping us get there.



Because of HIP's work — and the work of a lot of others — many now think that systems are unjust by design, and that changing them requires collective action that shifts power relations.



(she/her)

AJA HOLSTON-BARBER

Co-Director, Common Ground Kentucky; Current HIP Board Member

When you think about HIP, what three words come to mind?

VISIONARY HEALING BOLD

How did you first come into relationship with HIP, and what initially drew you into the work together?

I was part of HIP's third Health Equity Awakened cohort! I hadn't heard of HIP, but a colleague had, and we both applied to the cohort. I was about two years into my public health role at the time — I'd come from youth organizing and political science — so I was trying to find my footing in public health. I'd been disappointed with the experience but really animated by the experiences I was having in governmental equity spaces.

I remember that HIP was known for health impact assessments also, so I felt like these were people who were thinking about public health in a way that I wanted to talk about. So, I was intrigued by the language of health equity at the national level and wanted to learn more. I especially appreciated that HIP had a tone that signaled community, transformation, big vision, and clear appreciation and expertise around systems of oppression as part of the field. I also remember them being very specific at the time about race and their goals around the cohort being a place for Black (and other POC, for sure) public health professionals.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

My entire first cohort experience with HIP changed my life! Going to Oakland in May 2018, I was so inspired and changed by: 1) the centering of power as a central framework; 2) the head and heart combination that centers nervous system regulation (and appreciation for dysregulation) — the window of tolerance! I still use that to this day; 3) beginning the cohort experience with adrienne maree brown's Emergent Strategy which offered a really powerful framework for us; 4) the laying out of transformational vs. transactional strategy; 5) the Trojan mouse strategy — I don't remember exactly how this was framed, but it was the idea of planting powerful seeds.

Together, these frameworks dramatically changed my understanding of what we are actually fighting for. I had a strong sense of what I was angry about politically and what the problems were — but I had almost no language for what the vision was. This first cohort retreat (and the

two that followed) clarified so much for me and gave me immense focus that still guides my work in organizing across Kentucky today.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

I think HIP asserts a story in the field of public health that is really necessary to expand our imagination. They have been really consistent in lifting up leaders who are expanding the story as well — HIP has redefined the public health professional (in my mind) from a pretty milquetoast imagination of a neutral government employee to that of one who has a vision and strategically sets out to achieve it. HIP has created real moments to deepen the collective sense of where our field should go and done so in a way that is both head- and heart-centered. That's actually something I really remember about HIP, head and heart, which I found so supportive.

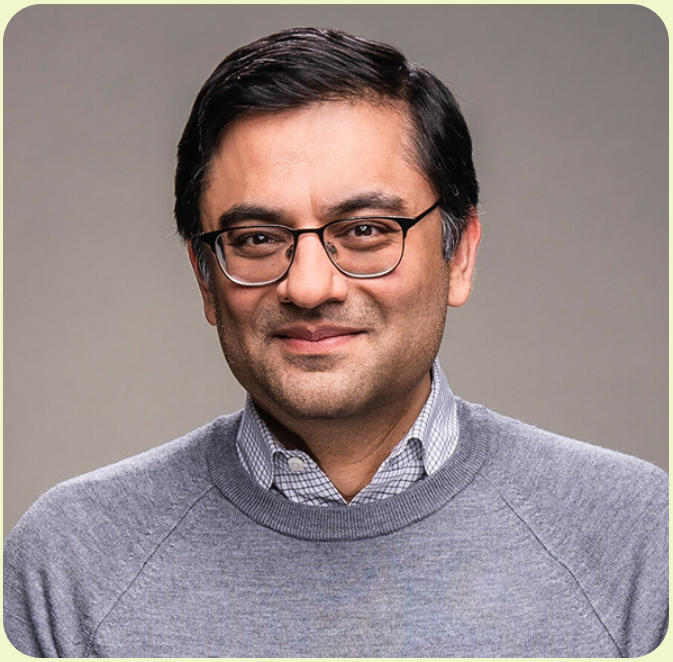
As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope we continue to be on the side of bold, big visioning for public health in the country. I hope we continue to take risks and get even more clear on what our transformational public health governance platform is. I also hope that we continue to lift up new leaders and invest in growing a leaderful health equity movement. I hope we stay connected to grassroots movements and be a strong contributor to the collective movement to transform this country. Maybe this also includes a more proactive strategy around governance, and putting leaders into strategic positions. But, in general, I hope we stay focused more on the value proposition of HIP over simply keeping the organization alive for the sake of organizational legacy.

Anything additional you would like to share?

I love HIP so much! HIP has so many people (including me) invested and committed to their success and that's because HIP deserves it. I've met some of the most brilliant public health professionals because of the HIP network and I am a better person for it. I know I'm not the only one. I'm so grateful for such a strong analysis that integrates the head and the heart in this work.

I think HIP asserts a story in the field of public health that is really necessary to expand our imagination. They have been really consistent in lifting up leaders who are expanding the story as well — HIP has redefined the public health professional (in my mind) from a pretty milquetoast imagination of a neutral government employee to that of one who has a vision and strategically sets out to achieve it.



(he/him)

KIRAN JOSHI, MD, MPH

Chief Operating Officer,
Cook County Department of Public Health

When you think about HIP, what three words come to mind?

THOUGHTFUL PATIENT
THE BEST OF PUBLIC HEALTH (CAN'T STOP WON'T STOP)

How did you first come into relationship with HIP, and what initially drew you into the work together?

A colleague had participated in the first Health Equity Awakened Leadership cohort, and strongly encouraged me to apply. I applied for the next one and was lucky enough to be selected. I formed deep relationships with some of my peers and colleagues at HIP during that experience, and we kept in touch. HIP has supported various projects over the years, providing much needed technical assistance on internal change-making and external strategies as well. I'm so thankful for their support!

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

The Health Equity Awakened Fellowship was tremendously influential on how I approach my role as a public health professional in government. The fellowship helped me sharpen my analysis and better articulate my thinking on the role of structural factors in driving health inequities. It also helped me appreciate how those factors influence the systems I work within.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP has helped build a network of activated public health professionals across the US that understand the ways structural factors drive health inequities and the role of power in maintaining and supporting those factors. While they haven't done this work alone, they have contributed to shifting the narrative inside the field, and created spaces that promote approaches to address structural factors through partnerships with community power-building organizations.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I'd want HIP to double down! You all have done amazing work over the past 20 years, and I want you to continue supporting local health departments and practitioners across the country as we do the work we love.



(she/her)

SYLVIA KAMAU-SMALL

Adams County Health Department, Colorado

When you think about HIP, what three words come to mind?

REVOLUTIONARY INTENTIONAL LIGHTHOUSE

How did you first come into relationship with HIP, and what initially drew you into the work together?

Adams County Health Department was erected in January 2023 as a result of the dissolution of a three-county Health Department called the Tri County Health Department. Tri County Health Department was working with HIP's Capacity Building team to begin their formal Health Equity work. One of the Tri County staff that worked with HIP was a part of the founding steering committee that developed a cross-departmental Health Equity Council (the We The People Council) a year into the Adams County Health Department's launch. This colleague was instrumental in advocating for continued work with HIP to provide technical assistance and facilitation for the Health Equity Council. The collaboration with HIP to build the equity capacity of the We the People Council formally kicked off in the summer of 2024 and has continued to date.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

HIP's leadership and expertise in capacity building around health equity has made a tremendous impact for the We the People Council, and for me personally. This was felt so poignantly over the last year and a half with the federal administration shift. Like other health departments and local governments, we've contemplated whether freezing or dismantling DEI and equity work would be necessary to preserve our programming. The HIP Capacity Building Team supported the We the People Council in our recalibration to respond to the federal administration's shift, which helped enable us to continue to build our organization's health equity capacity.

One tangible example of this support and role-modeling of equity analysis was the review that the HIP Capacity Building Team conducted on a 'censored language' glossary that health department leadership implemented. HIP's guidance was to apply an equity lens to the

interpretation of the censored terms to drill down to the root intent — and to focus on that. Whatever term we need to use, if we understand the core pursuit of advancing equity, we can remain true to our mission and values. This reaffirmed our direction, and commitment to the work.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP has contributed to the movement of the public health sector to more meaningfully pursue systems change through championing policy and legislation. In the past, this was seen as beyond the scope of public health. HIP has supported the bridging of methods and collaboration between community organizing, grassroots research, social justice, and public health to expand the capacity of communities to transform inequitable systems. This is visible along the issue areas that HIP has prioritized strategically, like housing and environmental justice, civic engagement, and abolition.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

We've watched as tremendous progress in pursuit of equity and justice has been systematically rolled back over the past few years. I hope that HIP can continue to lead the public health landscape in regaining the ground that we've most recently lost. I hope that HIP can continue to provide support so that the future of public health is equity and justice. The current state of public health in so many spaces still engages with equity and justice as a supplement, an afterthought, or the responsibility of an individual or small group. I hope for public health that it is one and the same as equity and justice. I firmly believe that HIP is a big part of that recipe.

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(she/her)

NANCY KRIEGER, PhD

Professor of Social Epidemiology, Harvard T.H. Chan School of Public Health; Co-Founder and Chair, Spirit of 1848 Caucus

When you think about HIP, what three words come to mind?

DIRECT COALITION-BUILDING COMMITTED TO HEALTH JUSTICE

How did you first come into relationship with HIP, and what initially drew you into the work together?

Because of my work with the Spirit of 1848 Caucus, which we founded in the mid-1990s around themes of social justice and public health, I was already part of a broader network of people working at the intersection of health and social justice. Spirit of 1848 was set up as a place to bring together people committed to health justice, critical thinking, research, and public health practice. It grew out of the work of National Health Commission of the National Rainbow Coalition, coalesced in 1994, and since 1997 has been active within and outside the American Public Health Association (APHA) as a Caucus in official relations with APHA.

When HIP came on the scene, it was clear that it would become a gathering place for people who considered themselves public health activists in one way or another — whether based in government, community organizations, advocacy, or academia. From the start, it felt like our organizations were complementary. There is so much work that needs to be done, and we were each addressing aspects of that work in different ways. My orientation was also shaped by my experiences with the National Rainbow Coalition and its Health Commission during Jesse Jackson's presidential campaigns.

That relationship became more formal during the first Trump administration, when HIP helped mobilize an emergency public health response. That period led to deeper engagement between Spirit of 1848 and HIP, including the annual APHA social gathering that Spirit of 1848, HIP, and Public Health Awakened have organized together since 2019. It's become an important space for community-building and connection.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

I would say that it's not so much that HIP changed how I personally think about things, but rather that they gave a stronger impetus to the shared work. It's important to find people you have common ground with and then build out to reach people who don't necessarily see things the same way. With HIP, it was that connection to people who

are similarly situated in the larger fight for health justice, where we have different foci for our work, but understand why they come together.

I am, among other things, a researcher and a teacher, but I've also always worked with people who are in health departments, and the ways that HIP was working with people in health departments to help broaden their horizons as to what they could do and reinvigorate their work with social justice and health justice at the core was really important.

I also appreciated HIP's work around different forms of community engagement without a narrow definition of community. And the fact that HIP was willing to take on issues that had not gotten a lot of attention in public health, including abolition. I was doing work, as a social epidemiologist, on empirically analyzing police violence, police killings in particular, and it was important to see HIP helping build out that area of work and wanting to be supportive of it.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

I know, particularly through Public Health Awakened, that HIP has created a space for people who want to do work for health justice in ways that their employing institutions may not always support. They have created connections, whether people are in health departments, government agencies, community-based organizations, academia, or other parts of civil society, and built a sense of network. The fact that they have chapters in different parts of the country gives people a sense that they're not alone in figuring out these struggles.

For me, that reflects a kind of Rainbow Coalition orientation to the work: bringing different people together while understanding the specificity of particular issues. For any issue, you need specific knowledge, but you also need to understand what ties those issues together. HIP has been clear about the political economy of health and about getting involved in ways that can move the needle. What HIP does in that context is recognize that health is not always the most important issue above all else, but it is woven into everything. Bringing a health lens into broader struggles is critical.

HIP has played an important role in helping connect health to labor campaigns, education campaigns, abolition campaigns, environmental campaigns, housing campaigns — you name it. One of the important parts of HIP's work is keeping that connection visible, because it keeps us grounded in the lived realities of being both biological and social creatures, and that shows up in our health and in health inequities.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope for continued dedication, growth, connection, and strengthening the kinds of coalitions that are necessary to create a more just and equitable society. That work has to be done with a frame that includes both what's happening within the United States and the U.S. role in the world. It's not an isolationist stance, but an understanding that there's a lot of work to do at home, and that work is connected to global impacts.

I think it is critical to remember that there are more of us than them. The struggle is ultimately about who sets the rules of the game and whether those rules work for equity, sustainability, and a world in which all can thrive versus only a few.

HIP has played an important role in helping connect health to labor campaigns, education campaigns, abolition campaigns, environmental campaigns, housing campaigns — you name it.



(he/him)

DAVID LINERS

WISDOM of Wisconsin/Gamaliel; Former HIP Board Member

When you think about HIP, what three words come to mind?

SMART BOLD SERIOUS

How did you first come into relationship with HIP, and what initially drew you into the work together?

I believe I heard about HIP first from Doran Schrantz of ISAIAH in Minnesota. Between her and some friends at the University of Wisconsin, I learned about the whole concept of Health Impact Assessments and social determinants of health. A colleague and I met with Jonathan Heller and Lili Farhang to talk about our work in criminal legal system reform, specifically in promoting state funding for treatment alternatives to incarceration and how that might be an area that would intersect with HIP's expertise and interest.

Together, with HIP staff Kim Gilhuly as our main partner, we got funding and worked together on a major report, which helped secure significant funding from a Republican state legislature for alternatives that keep people out of jail and prison, and instead gets them into Alcohol & Other Drug Abuse services and mental health treatment programs.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

WISDOM (the organization I worked in) and HIP had multiple significant collaborations. In brief, we found that when we could get decision-makers to see smart criminal legal system reform through a public health lens, they were much more willing to look at the kinds of changes we wanted. It provided a way out of "fear of crime" frames that stymied change for so long. Our organization could be written off as soft-hearted idealists and people with criminal histories, until we started showing up with more facts and figures and science and in the company of people who clearly understood those things.

HIP helped us (at least for a while) to shift the frame from punishment/revenge to one of health/restoration. There are some ways in which COVID and Trumpism have led to a big setback in the level of respect for public health professionals and truth — which has made this work more of a challenge.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP was hugely influential in the movement to see incarceration as a public health issue that affects not just justice-impacted people but the entire community.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

HIP's core strength is its ability to bring impacted people together, as peers, with people who are good with data and science. HIP is terrific at being reliable and factual, whether or not the data is completely convenient. And HIP is very good at hearing and respecting the experiences and the perspectives of the people most impacted by the policies they are looking at. HIP's presence and collaboration are a tremendous multiplier of the power of community organizing. I hope HIP will continue to hold together the worlds of rigorous research and analysis and of grassroots organizing — being faithful to both.



HIP's presence and collaboration are a tremendous multiplier of the power of community organizing.



(she/her)

SHIREEN MALEKAFZALI TAIDI

Chief Equity Officer and Director of Economic Opportunity & Labor Standards, County of San Mateo; Former HIP Board Chair

When you think about HIP, what three words come to mind?

PROGRESSIVE EMERGENT COMMITTED

How did you first come into relationship with HIP, and what initially drew you into the work together?

I interned at the San Francisco Department of Public Health from 2003 to 2007, working under Lili Farhang and Rajiv Bhatia on the Health, Equity, and Sustainability Team. I worked on some of Rajiv's early efforts to bring a health and equity lens into San Francisco's policy decisions. I learned of Rajiv's growing relationship and later partnership with now HIP founder Jonathan Heller to create an organization focused on Rajiv's work to bring Health Impact Assessments into policy decisions that impacted the social determinants of health. Rajiv was a founding Board member of HIP with Jonathan as the Executive Director, and they both recruited Lili to join as a Co-Director a few years later.

My internship instilled in me an expansive and innovative public health practice that had equity embedded in its DNA. I loved that HIP was taking values, skills, and practice to other parts of the nation. This was the sprout that grew into a liberated practice of bringing the power of public health to social movements in deep partnership with local community leaders.

I was inspired by the creativity of HIP and wrote a paper with HIP in 2013 on "Promoting Equity through the Practice of Health Impact Assessments" as the practice of HIAs was growing but, at times, growing away from its roots in equity. I also served as a mentor for HIPs Health Equity Awakened Leadership program for several years between 2017 and 2022. I joined the HIP Board in 2016 and chaired the Board from 2018 to early 2026.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

For me, HIP helped me to home in on the necessity and value of the head and heart approach. When I first heard HIP staff talking about this, it felt like I was recollecting something I've known and felt but didn't have words for. Hearing it in the context of work gave me permission to embed the approach into the framework and values of my day-to-day work, bringing together a lot of learnings, feelings, and knowing.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP has created a bold and unabashed left lane for the field of public health, always pushing the field to be more progressive in its thinking and bolder in its practice to stretch out of its comfort zone in response to new data, information, and community needs. HIP has challenged and pulled the field to reckon with the status quo of practice, and to adjust and transform to meet the needs of today. HIP itself is always providing examples of how to take risks to put theory into practice in disciplined and practical ways in order to evolve public health practice and advance justice and power. It demonstrates what is possible for the field and brings the field along.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope HIP's values and practice will be more mainstream and in demand, creating a stronger movement that transforms public health to be more courageous to wield its power to address the social, economic, and political factors that determine health outcomes, and more specifically health inequities. Equity is baseline and justice is within reach.



HIP has created a bold and unabashed left lane for the field of public health, always pushing the field to be more progressive in its thinking and bolder in its practice to stretch out of its comfort zone in response to new data, information, and community needs.



(he/they)

DAWN PHILLIPS

Executive Director, Right to the City Alliance; Former HIP Board Member

When you think about HIP, what three words come to mind?

PRINCIPLED CONNECTED COMMITTED

How did you first come into relationship with HIP, and what initially drew you into the work together?

I came into relationship with HIP through my organizing work in Oakland and the Bay Area. At the time, I was working with Causa Justa :: Just Cause, where we were organizing at the intersection of housing justice and immigrant rights. As we worked to address the impacts of gentrification and displacement on working-class Black and Latino communities, we increasingly saw how deeply those issues were connected to health and community well-being.

We began partnering with public health allies to strengthen our organizing and campaign work through a social determinants of health framework, and HIP was one of the key organizations we worked with. When I later transitioned to national work with Right to the City Alliance, that partnership continued and deepened. Over the years, HIP became one of Right to the City's core strategic partners in the public health sector, supporting research, resource development, campaigns, and many of our member organizations across the country.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

Serving on the HIP Board was one of the most meaningful experiences for me. It gave me a much deeper understanding of governmental public health and the role it can play in advancing health equity and justice. Before joining the Board, I did not fully appreciate the scope of governmental public health or the importance of transforming those institutions.

The experience also connected me with leaders across organizing, philanthropy, faith communities, research, and policy. It helped me better understand how the work I come from fits into a broader movement ecosystem and how different sectors can work together to advance health equity. The Board was a joyful and inspiring space, but it was also a profound learning experience that expanded my understanding of how we build power and create change.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

One of HIP's most important contributions has been demonstrating how a national organization can genuinely support local community-based organizations. Too often, relationships between national intermediaries and local organizations are transactional and primarily benefit the national organization.

HIP has modeled a different approach. Over the years, it has provided meaningful research, policy, and campaign support to community organizations across the country in ways that are principled, responsive, and accountable. Again and again, I've heard local leaders describe their work with HIP as collaborative, respectful, and genuinely useful.

Whether helping communities document the health impacts of displacement, strengthen arguments for rent control or social housing, or develop local health impact reports, HIP has shown what real partnership can look like. It has built trust and demonstrated that national organizations can use their resources and expertise in service of community-led change.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

After 20 years of inspiring and impactful work, we find ourselves in a moment when many of the advances HIP has fought for are being actively challenged. There is an ongoing assault on the idea of public health, on the role of government in promoting health and well-being, and on public trust in our institutions and one another.

Because of that, HIP's work is more necessary than ever. The next 20 years will require rebuilding from the political and social damage we are experiencing today. HIP will play a critical role in helping protect and strengthen governmental public health, ensuring that public health institutions remain effective, well-resourced, and trusted.

The work ahead is not only about defending what exists, but about realizing the full potential of public health. Protecting, rebuilding, and advancing that vision will require sustained organizing, leadership, and partnership — and organizations like HIP will be essential to that effort.

Whether helping communities document the health impacts of displacement, strengthen arguments for rent control or social housing, or develop local health impact reports, HIP has shown what real partnership can look like.



(she/her)

KESHIA POLLACK PORTER, PhD, MD

Former HIP Board Member

When you think about HIP, what three words come to mind?

EQUITY POWER-BUILDING EVIDENCE

How did you first come into relationship with HIP, and what initially drew you into the work together?

I first came into relationship with HIP through their work conducting health impact assessments (HIAs). I was in academia and conducted research on the use of HIAs for decision-making as well as supported the practice of HIA. Over time, I worked more closely with HIP and eventually through my work with the Health Impact Project worked even closer with them. Eventually, they asked me to join the HIP Board, and I served two terms.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

Through my experience as a member of the Board, I deepened my understanding of power-building and organizing. It transformed me and influenced the content that I brought to my courses, especially the one on HIA.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

Absolutely! The power- and capacity-building work is changing structures and that is what is needed for long-term change. HIP's work with health departments in particular — that on-the-ground work will outlast any leadership changes.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

Continue to lead the field by showing what is possible, demonstrating how to work with communities to build power, demonstrating how to show up and illustrate the strength that comes with listening and humility, and demonstrating how to be principled and values-driven.



(they/them)

TOMÁS RIVERA

Executive Director, Chainbreaker Collective

When you think about HIP, what three words come to mind?

DATA ACTION STRATEGY

How did you first come into relationship with HIP, and what initially drew you into the work together?

I first came into relationship with HIP around 2014 through a Health Impact Assessment (HIA) focused on Santa Fe. At the time, Chainbreaker was expanding from transit-focused community organizing into place-based organizing around housing and neighborhood conditions. The HIA helped inform that transition and became an important organizing and education tool for our work.

The partnership came through the Santa Fe Community Foundation and the Health Equity Partnership, which connected us with HIP. The report helped us better understand the level of need in the neighborhoods where we were organizing, identify priorities for our work, and sharpen our campaigns around equitable resource allocation.

What made the partnership so valuable was that the report was not simply a research product. We used it to organize residents, educate the community, and hold elected officials accountable. The maps showing patterns of segregation and disinvestment were particularly powerful in helping people understand the inequities they were experiencing and demand change.

That first collaboration led to many others, including work around community land trusts, housing justice, and tenant organizing during the COVID-19 pandemic. Throughout those projects, HIP consistently approached the work as a true partner and helped produce research that communities could use to build power.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

That first Health Impact Assessment was transformative for our organization. It helped us articulate something we still say today: the data gives the facts, but the people tell the truth.

The report brought those two things together. It wasn't the first time we had encountered information about

inequity, but it was the first time we saw data used so strategically and intentionally in service of community organizing. The work was rooted in the neighborhood, connected to community priorities, and designed to advance concrete organizing goals. It changed how we thought about using research as a tool for building power.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP helped advance an understanding of health that centers the social determinants of health and recognizes that racial and economic justice are inseparable from community health.

When we first began organizing around these issues, much of the conversation focused on health care services and prevention. Those are important, but HIP helped deepen the analysis by highlighting how people's neighborhoods, housing conditions, and access to resources shape health outcomes and life expectancy.

That framework strengthened our own organizing and helped shift the conversation locally in Santa Fe. It reinforced the idea that there is no such thing as a healthy community without racial and economic justice.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

We are facing an unprecedented period of attacks on communities, institutions, and movements for justice. If we are going to survive and grow through this moment, it will depend on real and meaningful relationships, and HIP has consistently modeled what that looks like.

I hope HIP continues to build genuine partnerships, remain strategic, and support communities in turning information into action. The data matters, but the most important work is how that information is presented, how relationships are built around it, and how people use it to demand change.

I believe we will get through this period. My hope is that organizations like HIP help us build enough power not only to survive, but to rebuild what has been damaged with a stronger vision for truly healthy communities that include everyone.

I believe we will get through this period. My hope is that organizations like HIP help us build enough power not only to survive, but to rebuild what has been damaged with a stronger vision for truly healthy communities that include everyone.



(she/her)

MONIQUE SHAW, PhD, MPH, CHES

Senior Program Officer, Robert Wood Johnson Foundation

When you think about HIP, what three words come to mind?

ORGANIZING NEW WORLD BUILDING HEALTH JUSTICE

How did you first come into relationship with HIP, and what initially drew you into the work together?

I was introduced to HIP through a colleague who worked closely with them on the Lead Local project the Foundation sponsored. I was drawn to the boldness of their work and the vast and diverse partnerships they held. HIP's justice-orientation and their ability to hold the complexities of the changes that need to happen now and the vision that must be realized was deeply inspiring, especially during a time when so many were clinging to the comfort of maintaining the status quo. I was also deeply moved by the campaign work they supported, effectively bridging local health departments to community organizing efforts to secure wins that were important to communities most impacted.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

HIP has deeply shaped my understanding of what transformation in governmental public health (GPH) is possible, including how the governmental public health system, despite the challenges it faces, can meet the moment and elevate its commitment to equity and justice. Through the Power-building Partnerships for Health work, I also gained an appreciation for the administrative tactics and levers GPH can leverage in service of the communities most impacted by interlocking systems of oppression.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP has helped open the aperture for conversations about power-building, liberation, co-governance, justice, and structural change in public health spaces that hold immense power and influence. They have utilized their skills to help unlock the untapped potential for transformational change in GPH and the broader health justice movement.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope for HIP organizational durability, leadership support, movement building, and the continuous work on narrative strategy. These are the building blocks for bold transformation that must be protected and sustained.



(she/her/ella)

ANA TELLEZ

Managing Director, Next River;
Former HIP Staff

When you think about HIP, what three words come to mind?

VISIONARY FULL OF HEART ADAPTIVE

How did you first come into relationship with HIP, and what initially drew you into the work together?

In the summer of 2016, I joined HIP as the first Communications Director for the organization. The hiring process as my first official touchpoint showed deep care and intentionality from the people working at HIP, and I was grateful that the team took a chance on me then as the first full-time non-researcher hire.

Up until that moment I had spent 10 years working in public health and was still searching for "my people" in the sector. I was yearning for an organizational home that practiced the social justice values I carried with me. What I found in HIP opened up a whole world for me beyond that — a connective tissue between the often-bureaucratic and intellectualized public health spaces I had inhabited, tethering to the heart of justice work: community organizing and social movements.

I am so honored now that the team took a chance on me that summer and that the people of HIP poured trust and love into the work — and into me — for the following six years.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

There are so many moments where my way of making meaning in the world and how I walk through it shifted for me as a result of my time at HIP! This is a really hard question to answer.

The truth is that HIP's theory of change and the way the team moves through the work is something I carry with me and lean on every day. There is an authentic and rigorous grappling with the tensions between the collective freedom we seek and the harmful power structures that we inhabit in our minds and in the world today. I experienced this as a throughline, from the way internal processes were designed with and for staff, to how we showed adaptability in building trust between public health and community organizing partners, to how we supported health departments in navigating accountability and power sharing with their Black, Brown, Indigenous, queer, and poor constituents.

In public health, we say “everything points back to health!” — and HIP lives into that by bridging our public health analysis to the embodiment of our humanity.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

From my own time at HIP, I understand that none of what is made possible is done alone, and that it can only happen through deep collaboration across an ecosystem of actors. And yet, I truly believe that HIP’s capacity building work with people who work in health departments across cities, counties, and states throughout the US is transformational for the field.

The multipronged approach HIP has taken over the years to support and help grow the kinds of public health leaders and decisions we need merits bigger recognition — from the early health impact assessment work that leveraged research in service of health equity outcomes to the leadership institute that is Health Equity Awakened that nourishes public health leaders, to being a bridge between government and community organizing groups so that accountability to communities is actionable. In the face of the growing inventory of harmful actions of our federal government today, these become bigger and more important actions of faith in our collective well-being.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

Abundance! My hope is that HIP and its partners can receive the kind of major investments that can bring to life the deep subject matter expertise alive in the work and the people at the center of it. I hope that in 20 years, we are benefiting from the field’s investment in HIP’s theory of change writ large, and that many more people live longer, healthier, happier lives as a result of it.



In public health, we say “everything points back to health!” — and HIP lives into that by bridging our public health analysis to the embodiment of our humanity.



(she/her)

SANDRA WITT, DrPH

Public Health Practitioner;
Former HIP Board Member

When you think about HIP, what three words come to mind?

EQUITY POWER-BUILDER TRANSFORMATION

How did you first come into relationship with HIP, and what initially drew you into the work together?

I was fortunate to have met Jonathan Heller when he was considering starting HIP as an organization to further the development and use of health impact assessments (HIAs) to center health and equity in policy decision-making.

At that time — over 20 years ago, I was working at a local health department where we were clear about the role of the social determinants of health on community health and health equity, but we didn't yet have the tools and methodologies to capture those impacts in an easily understandable way (health impact pathways and frameworks). The founding of HIP, an organization dedicated to developing and refining health impact assessment practice and building the capacity of public health organizations to focus on equity in their work, filled a huge gap in the field and laid out some critical building blocks for transformative change in public health practice to advance health equity.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

Over the past decades of my work within a local public health department and within a statewide health foundation, HIP's work has sharpened my understanding and vision of what transformative public health equity practice looks like, including health impacts analysis, power-sharing with those most impacted by inequities, and the long-term work of building the capacity of government to center health and racial equity.

In the early days, HIP's research expertise on health impacts as well as their collaborative approach to conducting HIAs in partnership with community groups was instrumental in helping the local public health department establish a Health in All Policies (HiAP) program which has become an important component of a public health equity practice. HIP's bold vision of building the capacity of governmental health practitioners across the country in health equity practice — through

their Health Equity Awakened leadership program as one example — became even more important during the pandemic, the uprisings for racial justice, and the current anti-immigrant assaults.

The role of these programs as a place of learning, problem-solving, support and healing, and as part of a transformative health equity practice to dismantle structural racism and confront the current political and cultural backlash is even more important now than I first realized.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

HIP has been a critical partner in moving public health to advance health and racial equity by becoming explicit in addressing structural racism and White supremacy as root causes of health inequities. The HIA framework that demonstrated health impact pathways were important in building understanding and shifting the narrative about what creates health. HIP has helped normalize that a health equity practice understands the role of power and the importance of power-sharing with community partners.



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HIP's Health Equity Guide, and Power-building Partnerships for Health, with examples of public health departments working with community-based organizing partners, demonstrate what is possible, sometimes against all odds, to advance community health. Some 20-plus years ago the cutting edge of governmental public health work was working with different sectors to address the social determinants of health. Now, normalizing power-building and power-sharing directly with community organizing groups is recognized as fundamental to advancing health equity.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

My hope is that HIP continues to develop, deepen, and refine our understanding of what health equity practice looks like and what it takes to institutionalize this practice — and that they continue to show up with humility and love for all humanity, and a keen eye toward power-sharing, collaboration, and learning and reflecting along the way. Given the challenges ahead, it will be even more important to create nurturing leadership spaces for governmental public health equity practitioners, as well as to build the capacity of movement organizations to work collaboratively and shift resources to address root causes and advance health and racial justice for all.



(he/him)

LUCAS ZUCKER

Co-Executive Director, Central Coast Alliance United for a Sustainable Economy (CAUSE)

When you think about HIP, what three words come to mind?

TRUST RELATIONSHIP VISION

How did you first come into relationship with HIP, and what initially drew you into the work together?

Our work began through participation in a Power-building Partnerships for Health cohort with our local public health department and other power-building organizations. It was a critical opportunity for us to strengthen our relationship with our new public health director and reinforce her courage to lead with her values.

Although the immediate project we began working on to protect the health and safety of farmworkers and consumers in local agriculture was never fully realized, the power was in building relationships for deep transformative collaboration and shaping the culture of public health agencies. Ultimately this led to a close partnership during the COVID-19 pandemic that allowed us to take bold and decisive action to protect the health of farmworker communities.

Can you share a moment, project, or collaboration with HIP that meaningfully shifted how you think about or approach health, power, equity, and/or justice?

Collaborating with our public health department made me see the challenges people within government face navigating the complexities of policymaking and implementation on the inside, and how much it is shaped by ordinary human beings struggling day-to-day with their values, institutional bureaucracy, the entrenched power of industries, and the malleability of data and how it is created and represented. It gave us stronger insight into inside-outside partnerships, rather than our normal work of pushing the political system from the outside.

Over the years, what do you think HIP has helped make possible in the public health field that felt unlikely, or even impossible before?

Over the years, HIP has maintained a long-term relationship with us [CAUSE], regularly reaching out to learn about our work and discuss potential research topics that would uplift it, and looking for alignment without

putting a burden on us. This completely shifts the power dynamic of how research institutions normally interact with community organizations. HIP asks the community what they need and rolls up their sleeves to get to work, rather than have researchers approach the community as research subjects in order to advance their careers or pursue academic interests they have already decided on.

HIP has strong research ethics practices. They share resources with community organizations for their partnerships, and have steering committees of community organizations to ensure the research is guided by people's lived experiences and what is actually helpful for the community. This allows us to benefit from the impressive technical research capacity that HIP has, which is far beyond what we could have done in-house. That expertise doesn't feel like power over our community, but power in service of our community.

As we face the challenges ahead, what do you hope for the next 20 years of HIP and for our partners?

I hope that HIP continues to push the boundaries of the public health field, challenging institutions to push against the deep power imbalances in our society and to stand up for the most vulnerable, even when it is politically inconvenient or intimidating. I hope that HIP continues to stand firm for the legitimacy and necessity of public health agencies and research institutions collaborating with community-based organizations who are experts in the lived experiences of their own people. I hope that HIP plants the seeds of the future world we envision, even in times when that world feels so far away, because true transformation is measured not in years but in generations.



I hope that HIP plants the seeds of the future world we envision, even in times when that world feels so far away, because true transformation is measured not in years but in generations.

LOOKING BACK, LOOKING FORWARD

Reflections from HIP Founders and Board Leadership



Board meeting dinner, April 2024

REFLECTIONS FROM HIP FOUNDERS AND BOARD LEADERSHIP

Twenty years ago, when Health in Partnership (then Human Impact Partners) was founded, we could not have imagined exactly what this organization would become. We knew there was a need and an opportunity to bring public health into conversations where it had too often been absent, and that health equity and community well-being belonged at the center of all public decision-making. We envisioned HIP to help move the field and the practice of public health in that direction. What has grown over the past two decades has exceeded those expectations, because of the collective work of the many people and partners of HIP.

As we've watched HIP grow, what stands out most is its willingness to reflect on its own approach, to experiment and dream, and to continually expand its understanding of what public health can and should be. The organization has continually asked itself harder questions, listened carefully to partners and allies, and evolved its strategies and tactics accordingly. Through this evolution, HIP has never lost sight of its purpose or its willingness to take risks and venture beyond what might traditionally be seen as public health's "lane."

HIP has been guided by the understanding that communities hold the wisdom to best identify solutions and shape the decisions that affect their lives. It has consistently valued rigorous analysis and research while recognizing that data alone is not enough to change worldviews. It has invested deeply in relationships and collective capacity building, welcomed new ideas and

perspectives, and been willing to interrogate its own practices, internal culture, and assumptions. And it has challenged the public health field to build bridges and move in solidarity with people's movements for social justice.

The timeline in this report tells the story of HIP's evolution, from helping to establish the field of Health Impact Assessment, to advancing equity and community-led decisionmaking in public health practice, to building power with and alongside community organizers and social justice movements, to organizing the public health ecosystem to confront rising authoritarianism in this moment. As the organization's understanding of what creates health and well-being has deepened, so too has its understanding of what it takes to build power and momentum for transformative change. Looking back, each chapter of HIP feels like a natural extension of the one before it: in dialogue with the past, responsive to its moment, and always pushing toward a more liberated and collective future.

Along the way, HIP has helped shape the field itself. Many ideas that once sat at the margins of public health, like deep community partnership, power-building, narrative change, cross-sector organizing, and a broader understanding of the political conditions that shape health, are now much more widely recognized because of the work of HIP and many allies and collaborators. HIP has helped expand the field's understanding of what public health's charge is, who should shape public health priorities and strategies, and what it takes to achieve lasting change.

This work is far from finished. Public health continues to evolve, and HIP's programs continue to illuminate what that evolution requires: stronger partnerships with community power-building organizations, greater investment in leadership development and capacity building, and a deeper commitment to organizing and leveraging inside-outside strategies alongside the communities most affected by injustice. Whether developing capacity and leadership in governmental public health, building durable bridges between public health institutions and community organizing groups, advancing an abolitionist analysis of community safety, or helping public health confront authoritarianism, HIP continues to ask the field to stretch beyond familiar ways of working. Its influence has grown because it has consistently helped the field imagine what public health can become.

Watching this unfold through the countless relationships, networks, and partnerships that constitute HIP has been one of the greatest privileges of stewarding the organization.



Board meeting, March 2023.

The reflections throughout this report speak to that story far better than any list of singular "wins" or publication tallies. They reveal an organization that has earned the trust of community organizing and governmental public health partners, strengthened the broader ecosystem working toward health, equity, and justice, and invested in the relationships that make lasting change possible. They also remind us that HIP's impact has always been in service of and to the relationships it builds and nurtures.

The challenges ahead are significant, and we know the next twenty years will call for courage, humility, imagination, and power-building. We are confident that HIP is well prepared for that work, not because it has every answer, but because it has built and sustained the relationships, values, and practice of learning and self-reflection that make continued growth possible.

Finally, we extend our deepest gratitude to everyone who has touched this organization over the past twenty years. To current and former staff, board members, partners, funders, and collaborators who have trusted HIP enough to challenge it, teach it, and grow alongside it: thank you. This organization has always been a collective effort, and so this story belongs to all of you.

When we helped found this organization, we hoped it would make a meaningful contribution to the field and practice of public health in a way that would materially improve people's lives. Today we see HIP as a key partner in a wider ecosystem of communities, organizations, and institutions working together to build a healthier, more equitable, and more just world that truly supports collective health. It has been an honor to steward this organization and witness all that it has become, and we're excited to see where its next twenty years will lead.



HIP staff at an annual staff retreat.

Jonathan Heller, HIP Co-Founder
Rajiv Bhatia, HIP Co-Founder
Pronita Gupta, Former HIP Board Chair
SaraT Mayer, Former HIP Board Chair
Shireen Malekafzali Taidi, Former HIP Board Chair
Sarah de Guia, Current HIP Board Chair

ACKNOWLEDGMENTS

This report reflects the work of countless people who have shaped Health in Partnership over the past twenty years. We extend our deepest gratitude to every staff member, board member, movement partner, governmental public health leader, community organizer, researcher, funder, donor, and advocate who has helped build this organization and the broader movement for health equity and justice. While we cannot name everyone who has contributed to this journey, we hope these pages reflect the collective effort that has always been at the heart of HIP.

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Co-Director

Solange Gould
Co-Director

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Bridging Project Director

Asamia
Bridging Project Director

Renae Badruzzaman
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We extend our gratitude to every former staff member whose leadership, labor, and vision helped shape HIP over the past twenty years.

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*Denotes former HIP Board chair

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WE CAN'T DO WHAT WE DO WITHOUT YOU!

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