



Health in Partnership

2025–2030 STRATEGIC PLAN

SEPTEMBER 2025

Acknowledgments

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Design by Design Action Collective

Health in Partnership (HIP) transforms the field of public health to center equity and build collective power with social justice movements.

Learn more at healthinpartnership.org

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Welcome Letter from HIP's Co-Directors



Warm greetings to HIP's esteemed partners, supporters, and community,

We are proud to share Health in Partnership's 2025–2030 Strategic Plan. Since the release of our last plan, published in August 2020 during the early throes of COVID-19, the world has continued to undergo seismic shifts. And while this current moment carries its unique features, it is not without precedent.

For generations, people living at marginalized intersections of race, class, gender, immigration status, disability, and more have endured state-sanctioned harm and exploitation. And for generations, these communities have fought back with wisdom and resilience, creating powerful movements that have led us forward in the face of systemic oppression and violence.

Today, HIP finds itself navigating a landscape where uncertainty and upheaval are the norm. These conditions demand not only clarity of purpose but the agility to respond to change without losing sight of our deepest commitments. In that spirit, this plan is inspired by the organizing, resistance, and healing practices of Black and Indigenous freedom and liberation struggles; multi-racial movements for civil, environmental, labor, and reproductive rights and justice; and anti-authoritarian efforts to protect democracy.

HIP was built for moments like this. We've spent nearly two decades developing the tools, relationships, and political analysis needed to meet this type of inflection point. That legacy equips us to block what harms, build what heals, and bridge what divides, steering public health toward a justice-centered future. Our orientation to movement work, our deep ties within the public health field, and our commitment to principled action uniquely position us to respond to the challenges of this era.

This plan is our compass in that effort. Over the past year, we've dared to imagine the world we want to build — one grounded in equity, collective power, and partnership. We've mapped the ecosystem of partners with whom we will concentrate our efforts and clarified the roles we are prepared to play to help move our ecosystem, together, toward that shared North Star.

We are also deepening our practice of reflection, shaping a robust learning agenda that allows us to move with both wisdom and urgency, guided by real-time insight and disciplined inquiry.

Though some of the language in this plan has evolved since 2020, our mission, core values, and theory of change remain unwavering. This strategic plan is not just a roadmap. It is a bold call to action and guide in unpredictable times, rooted in our conviction that health and justice are inseparable, and that everyone should be able to live with dignity, free from state violence and corporate greed. In the face of intersecting crises, HIP is doubling down on our mission. We are more determined than ever to catalyze a future where all people and communities can thrive.

To those reading this, partners, co-conspirators, and all those in our broader ecosystem, we offer this plan as an invitation. Join us in building boldly toward justice and moving with integrity through the complexity of this time.

With love,



Solange Gould, HIP Co-Director



Lili Farhang, HIP Co-Director

Meeting the Moment

As a practice and as a field, public health has always been shaped by dominant political and cultural norms.

Public health practitioners and advocates, both inside and outside of government, have historically struggled to wield influence and power. At the same time, our field has lacked a shared understanding of and commitment to health equity and racial justice. This political and power analysis has always underpinned HIP's work, uniquely positioning us as change-makers working to build, align, and organize the power of public health leaders, organizations, and movement partners to win material transformation towards health equity.

That grounding was especially critical in the aftermath of the 2024 US Presidential Election. In a moment marked by heartbreak and despair, HIP moved with intention to assess the implications for public health, review our unique position in the ecosystem, and engage in deep research, reflection, and listening. We sought to understand the forces shaping the moment. What we found was a powerful undercurrent of disillusionment with the status quo, namely the enduring harms of neoliberalism and late-stage capitalism, which have paved the way for authoritarian, right-wing populists to consolidate power at the highest levels of our government. The harms these actors have inflicted on all people and our planet is profound, and we know their actions will make the work of justice and equity even more difficult.

Of course, none of this is new to Black, Indigenous, and other communities of color, who have experienced the brunt of this country's racist, extractive, and exclusionary systems for centuries. Low-income and working-class White communities have also long felt the effects of economic exploitation, though politicians have deliberately used racist tactics to prevent solidarity across movements for economic and racial justice, scapegoating immigrants and people of color in order to obscure the true cause of economic suffering: capitalism and corporate greed. Indeed, a true "democracy" has never been fully realized in the US. The tools of the state have often been used to exclude, repress, and divide, targeting those deemed not to belong, and sowing division to weaken the potential for transformative social movements. American history is characterized by waves of social progress, civil rights victories, and government protections, followed by waves of backlash and repression.

Today's betrayals build on our country's long history of concentrating power through anti-Blackness, white supremacy, working class exploitation, misogyny, transphobia, homophobia,

and American exceptionalism. What's emerging now is a more explicit authoritarian project, built principally around White, Christian-nationalist identities; patriarchal family and gender norms; the rights of corporations over people; and a radical libertarianism that touts individualism and demonizes the public good. This "New Right" has exploited the disillusionment and frustration of a broad base of White people and a small, but growing, number of people of color to deepen division and consolidate power.

In this context, HIP must sharpen our analysis and become more discerning in our strategies. What can we integrate from these learnings to guide us towards the future we all want? We know trust will be harder to build, especially at the national level, as the new regime co-opts and dismantles our government institutions and then points to the ruins, claiming that the government is inherently broken and illegitimate.

"In this moment in history, we need liberatory visioning, historical insights, power analyses, and strategic prowess to aggregate power across sectors, constituencies, and geographies.

Strengthening public health and turning our orientation toward equity and community partnership is critical to strengthen the role of a democratic government and rectify past harms. HIP's work across these realms helps move us toward a newly imagined, anti-racist public health system that can serve as a trustworthy source of care."

— Melody Tulier, Robert Wood Johnson Foundation

Simultaneously, attacks on funding and speech — for example, the rescission of health, education, and climate funding, outlawing DEI efforts, and threatening congressional inquiries — have weakened our non-profit infrastructure and struck at the heart of public health. Over the years, HIP and others in the field have made significant progress in broadening the idea that health is a collective endeavor and public good. That progress is unraveling. And in the wake of COVID-19, the public health workforce is suffering: our numbers have thinned, and our morale is shaken.

In the face of this difficulty, we are called to act. We can navigate these conditions with strategy, clarity, and care, nurturing and growing new opportunities to organize our ecosystem towards a movement for health equity and justice.

HIP stands ready to meet this moment. We have invested in building trust and deep relationships with our core partners. We have a strong political and power analysis, with significant influence on the field of public health. We produce high-quality, rigorous work and have demonstrated a positive impact on our allies. As we move forward, we will continue to center our relationships with communities and community power-building groups that are organizing for health equity and justice, drawing on the wisdom and guidance that comes from their courageous history of

survival and resistance. We will deepen our long-standing, unique focus on governmental public health and the broader public health field to organize them for action.

In this new strategic plan, we widen our perspective while deepening our focus. We commit to building, weaving, and organizing a bigger “we” — starting with aligned ecosystem actors — who move more tightly together towards our North Star: *visioning and transforming public health, while igniting a broad movement for health equity and justice.*

HIP's North Star for the Field of Public Health

HIP envisions a future where all people live with dignity, health, and the power to reach their full potential, and where health represents the collective well-being of all living beings and the planet, which are inextricably linked and interdependent.

After many conversations with partners, we envision the following North Star for our public health ecosystem to collectively pursue, starting with HIP and our core partners:

- **Healing, repair, and transformation are at the heart of our health equity and racial justice efforts:** We acknowledge the harms caused by extraction, exploitation, and oppression, and commit to ending these systems of violence. We are bold in dismantling systems that cannot be reformed and transforming systems that can be fixed. We restore dignity and build a world where society's core purpose is collective care, public good, and well-being. We repurpose the extractive economy's assets towards regeneration and healing. We also acknowledge and repair the harms that we, as a public health field, have caused.
- **People and communities have power and self-determination, and governance occurs within deep relationship to communities.** Communities and individuals have the right to health and to shape the public decisions that impact their lives. Their needs, aspirations, and visions drive government strategy, priorities, and resource allocation. Equity-centered community power-building groups are at the heart of co-governance¹ strategies, forging deep, collaborative partnerships with government to achieve structural change.²
- **Health equity and social justice are at the core of public health's purpose. The public health field and broader society understand what public health is and does, with a shared analysis of its purpose.** Building power is recognized as central to this purpose, requiring the

¹ We use [Race Forward's definition](#) of co-governance, "a collection of participatory models and practices in which government and communities intentionally aim to share power to drive fair and just outcomes."

² Throughout this document, we refer to both systems and structural change. Systems change refers to changes within an organization or system (e.g., health, education) that creates material conditions needed for health. Structural change entails changing the written and unwritten rules (i.e., culture, ideology, laws, policies, institutional practices, etc.) that create, maintain, or eliminate durable and hierarchical patterns of advantage among groups and across systems. Systems are more flexible and adaptable to change, while structures are more durable – though not indestructible.

organization, activation, and mobilization of efforts to radically shift investment priorities and achieve justice alongside communities. Our field is skilled, resourced, and able to transform structures and systems.

- **Government is accountable to the people and serves as a means for the care and provision of public goods.** The public's health is a priority across all levels and sectors of government. Its purpose is to support people and communities to live with dignity and self-determination, and to provide public goods and a healthy commons for all. Government is responsible for ensuring that everyone has access to the systems and supports they need, and the opportunities necessary to fulfill a right to health. Government severs ties with carceral, corporate, and extractive systems that cause harm and acts transparently and with accountability to communities who are most impacted.
- **Public health organizations, institutions, and our field at large are deeply integrated into a broader social justice ecosystem that works in partnership.** The ecosystem bridges government, non-governmental, and public health organizations, as well as community power-building organizations, and is capable of transforming the material conditions that drive health. We move in alignment and understanding, leveraging each other's roles, powers, strengths, limitations, and tactics.

"HIP has always done a great job of centering community in public health and making sure that folks on the frontlines of health and justice are positioned to imagine and build the solutions that work for everyone — moving toward that North Star."

— Ben Palmquist, Partners for Dignity and Rights

Adopting a New Ecosystem Approach

HIP is guided by Marshall Ganz’s assertion that “leadership is accepting responsibility for enabling others to achieve a shared purpose under conditions of uncertainty.”

To that end, this strategic plan embraces a new chapter in HIP’s practice: an intentional and dynamic ecosystem approach.

When we refer to our **ecosystem approach**, we mean how HIP works with all of our core partners via multiple strategies to leverage our distinct capacities and power to drive greater impact towards our North Star, together.

Why an ecosystem approach? Because no single organization alone can overcome the threats we are facing. Partnerships and networks are essential for transformative change, and long-term collaborations help harness each group’s unique role and capacity to achieve shared goals. This approach can also break down the silos and scarcity mindset that have dogged much of our public health ecosystem, and instead build a spirit of openness and camaraderie that we all desire. All of this is in service and pursuit of organizing and building power at the scale we need to achieve our North Star.

“HIP has this rare ability to operate credibly and authentically across so many different parts of the public health ecosystem, always bringing a power analysis and a power-building lens.”

— Katie Bolbach, Partners In Health

HIP’s ecosystem is oriented around a set of **core partners** who we collaborate with most closely. These people and organizations are our day-to-day co-conspirators, our companions in strategy and learning, to whom we are ethically and politically accountable.

Over the next five years, our core partners include:

- **Local community power-building organizations (CPBOs)** and national grassroots organizing networks, rooted in and directly organizing impacted communities
- **Governmental public health agencies and leaders** at the local, state, and — where feasible — federal levels
- **Non-Governmental public health organizations**, including national nonprofits and associations; academic institutions, faculty, and students; health philanthropy; and individual practitioners and leaders who influence the field

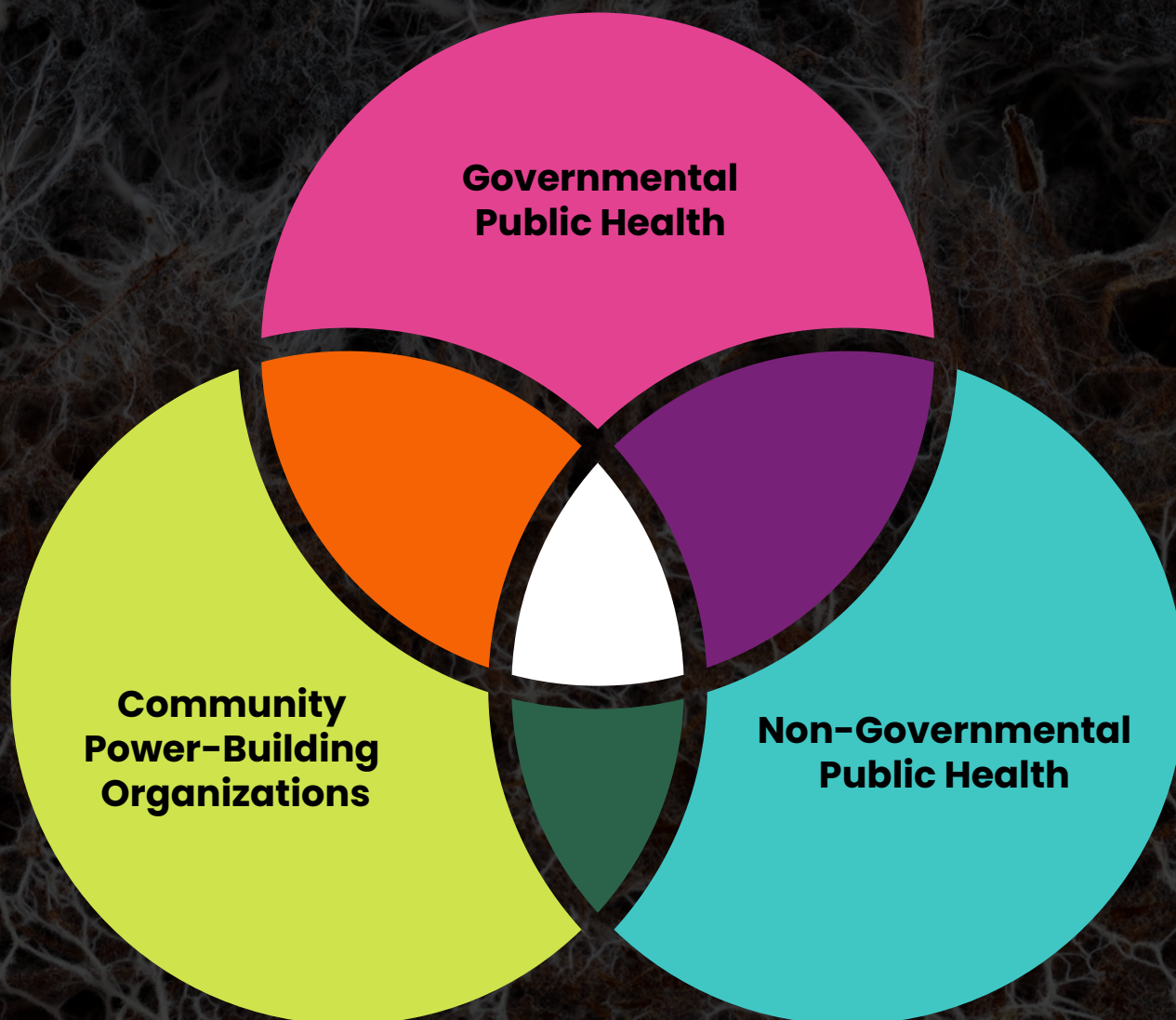
Our core partners are those with whom we have the closest relationships and with whom we aim to *deepen* our connections. They are the groups we are organizing with to create change within a specific system, context, and/or around HIP's issue areas.³ They are also who we seek to connect, bring into closer relationship, and move with shared purpose toward our North Star. Each core partner in the ecosystem possesses a distinct set of powers, roles, strengths, and limitations. HIP's unique strength lies in the web of relationships we hold across these core partners, connecting the constellation of our ecosystem.

"I consider HIP to be one of our most trusted and valued partners. When we were refining our community health ecosystems and power and accountability strategy, we were able to go to HIP as thought partners and action partners in that work. Since then, we've come to HIP with all sorts of ideas, and HIP has maintained a high level of openness and curiosity. Whatever the question, idea or request is, I can put it on the table, talk through it, and get honest feedback. That's invaluable."

— Erica Browne, Kresge Foundation

³ HIP's core issue areas within our policy and organizing work are economic justice, housing justice, community safety, and climate justice.

HIP's Core Ecosystem Partners



Local community power-building organizations (CPBOs) and national grassroots organizing networks, rooted in and directly organizing impacted communities

Governmental public health agencies and leaders at the local, state, and — where feasible — federal levels

Non-Governmental public health organizations, including national nonprofits and associations; academic institutions, faculty, and students; health philanthropy; and individual practitioners and leaders who influence the field

HIP's Foundational Pillars: Mission, Values, Theory of Change

This five-year strategic plan builds upon our long-standing commitment to advancing power for equity and justice, while embracing new and emerging forms of collaboration and leadership in response to the urgent challenges we face.

We've heard from our partners that HIP's mission, values, and Theory of Change are more relevant than ever. As such, these foundational commitments remain largely unchanged in this strategic plan.

HIP'S VISION AND MISSION:

Our core purpose

We envision a future where all people live with dignity, health, and the power to reach their full potential, and where health represents the collective well-being of all living beings and the planet, which are inextricably linked and interdependent.

To achieve that vision, our mission is to transform the field of public health to center equity and build collective power with social justice movements.

HIP'S VALUES:

The guiding beliefs and behaviors that shape how we operate

Structural Transformation:

We achieve health equity and racial justice by partnering with social justice movements to transform our environmental, economic, social, and political systems, as well as the structural rules, laws, power hierarchies, and narratives that make transformation durable.

Centering the Heart:

We lead with our humanity and the centrality of our relationships, making space to acknowledge how our bodies and hearts feel, to heal from the traumas of living in systems of advantage and oppression, and to build a sense of belonging.

Intersectional Racial Justice:

We will all only truly be free when we dismantle White supremacy, anti-Blackness, gender and income inequality, and other forms of intersecting oppression that limit our potential to live free, dignified, and joyous lives.

Authentic Democracy:

We build community power so that all people and communities can collectively shape the policies and systems that impact our lives.

Ecosystem Partnerships:

We build relationships across our core ecosystem partners to coalesce the power needed to achieve our North Star.

Emergent Practice:

We see adaptation and strategic risk-taking as fundamental to transformation. We will always have much to learn, and as conditions change, we change.

HIP'S THEORY OF CHANGE:

Our diagnosis of the root causes of inequity and the drivers of change needed to achieve equity and justice

We advance equity and justice by shifting power to communities experiencing the greatest harm.

Power is both fundamental and instrumental to health. We aim to change who holds power and how power is distributed, so that communities experiencing inequities have self-determination and access to justice. Dr. Martin Luther King, Jr.'s definition of power, as explained in his autobiography, guides us: "Power, properly understood, is the ability to achieve purpose. It is the strength required to bring about social, political, or economic changes." Power comes in the form of resources, access to decision-making arenas (i.e., legislative, administrative, judicial, electoral), alliances and networks that can be leveraged, and narratives that define what is valuable, possible, and accurate.

We must identify and dismantle the systems of oppression that create inequities.

We lead explicitly, though not exclusively, with an analysis of structural racism as a root cause of harm because of its enormous role in shaping and perpetuating inequity in the US, and its pervasiveness across every institution in this country. Together, structural oppression and power imbalances create and maintain inequities in the material conditions that drive health (e.g., housing, environment, economic, etc.). Building collective health requires reckoning with these historical and ongoing harms, centering the experiences, knowledge, and leadership of those most impacted.

We achieve sustainable, long-term change through social justice movements.

Social change occurs through organized social movements — the intentional and sustained efforts of grassroots and advocacy movements to build power, deepen democracy, and transform material conditions. Indeed, throughout history, significant gains in social, economic, environmental, and political conditions — in our laws, policies, governmental institutions, and broader culture — have resulted from these movements, led by the very communities who have experienced most harm. It's not about engaging to win one policy or one election, but about making a steadfast commitment over the long term to ally with these movements, share strategies and capacity, and fight for shared goals together.

Public health and social justice movements need to strengthen inside-outside infrastructure and strategy to collaborate deeply and advance structural solutions.

To address racial inequities, wealth and power inequality, and the major assaults on the care and support functions of the administrative arena, public health must return to our social justice movement roots. For that to happen, public health must build bridges and partner with the grassroots organizers and movements most directly engaged in struggles for social, political, and economic change. Public health can use its own power — its voice, evidence, and resources — to advance structural solutions, targeting the policies, laws, hierarchies, institutions, and narratives that are at the root of inequity and injustice. We need to weave and strengthen a deeper, wider ecosystem together and leverage our various forms of collective power to navigate the politics, power dynamics, and complexities of our respective spheres of influence. Actors across the public health and social justice ecosystem working together can take more strategic risks and use [inside-outside strategy](#) to advance community priorities and transform the material conditions that support health.

“We value HIP for its ability to bridge gaps between public health and social justice sectors. HIP’s narrative-shifting and research capabilities are particularly impactful in advancing the California Coalition for Women Prisoners’ goals. HIP’s collaborative approach strengthens campaigns by bringing diverse stakeholders together.”

— Pam Fadem, California Coalition for Women Prisoners

Governmental public health should leverage its power in the administrative arena to strengthen democracy and grow communities’ co-governing power.

Government has a critical role and responsibility to restructure internal policies, systems, and practices to redistribute power, advance equity, and repair the legacy of harm it has caused. We need to defend those institutions whose mission is to protect our well-being from right-wing attacks, so that government can stand firmly in its proper and necessary role: to provide care and support for all, ensure our civil rights, and protect us from capitalist, corporate, and other harms. Governmental public health must invest in authentic and sustained partnerships and use inside-outside strategy with community power-building groups to envision, design, and implement policy, systems, and structural changes that advance community priorities, with the long-term goal of democratic co-governance of a public health system that is accountable to communities.

“HIP is connecting the dots between power building and public health, and bringing in governmental public health very intentionally as learners and doers of that work. That’s an important niche role that you all serve, and that is invaluable.”

— Jamila M. Porter, *de Beaumont Foundation*

Transforming society requires transforming ourselves.

Analysis alone will not suffice to create a just society: we need to tap into the emotional and physical ways we react and self-regulate to cultivate deep trust and relationships. We call this integrating the head and heart. We all hold histories and knowledge in our bodies, but oppressive forces like White supremacy, capitalism, and patriarchy deny and shame these truths to perpetuate power imbalances. Dismantling oppressive systems requires tapping into that knowledge to inform how we show up in the work. We must create space for more liberatory practices in our organizations, work, and partnerships — practices that model collective care and shared leadership, cultivate trust, allow us to feel and heal, and center our humanity.

“I value the co-governance lens that HIP brings to the work. Over the last couple of years, it has provided us another way of understanding what is possible when there is true co-governance in public health. It’s a good framework for thinking about governance in housing or other areas, when the interests of people who are in deep need of economic justice are being represented.”

— Christina Rosales, *Power Switch Action*

HIP's Theory of Action

To animate our Theory of Change, HIP is articulating our first Theory of Action that outlines the roles we intend to play in our ecosystem and the approaches that will guide us.

We also describe the outcomes HIP wants to be accountable for within the next five years, and how those outcomes move us toward reaching a set of North Star outcomes. We recognize that the current political opposition to our goals is fierce — we're up against a reactionary counter-movement that has accrued power and momentum, creating increasingly hostile conditions for our work. Nevertheless, we name our five-year outcomes boldly — not because they are easily attainable, but because they steer us closer towards our North Star, no matter how difficult the path.

In our Theory of Action, we advance a set of roles and approaches that reflect our unique contributions, interventions, and leadership within our ecosystem. These then generate a set of five-year organizational outcomes that are attributable to HIP, which flow toward a set of five-year ecosystem outcomes that we can achieve with our partners to demonstrate improvements and impacts on people's daily lives.

If HIP plays our roles effectively, we can activate our ecosystem to achieve transformational impacts at a time when transformation is deeply needed. Together, we can build a powerfully connected inside-outside ecosystem that secures wins on major, community-level issues core to health equity — shifting resources away from systems of oppression and toward community care. We can establish practical models of co-governance and cultivate a transformed public health field that puts our values into practice. Impacted communities can actively experience care and healing. And we can shift dominant narratives to reconnect us to collective care and shared well-being.

"HIP lies at the intersection of what is possible. You set a public health vision and convene a set of players who think more broadly about how governmental public health can re-capture the spirit of what it takes for everyone to be healthy. HIP constantly challenges itself to be accountable to the communities served and the partnerships established along the way."

— Tara Westman, The California Endowment

HIP's Theory of Action



Our roles

We operate within, and are in service to, a complex ecosystem. The interactions within our ecosystem are inherently dynamic and unpredictable, often beyond our control. By executing the following roles with integrity and rigor, we will enable our ecosystem partners to achieve greater impact together. The following roles reflect our partners' feedback regarding HIP's core strengths and the contributions our partners are most eager for us to deliver in pursuit of our collective North Star.

- **Network Weaving:** We convene and create opportunities to build trust, strengthen coordination, and enable resource-sharing across our ecosystem.
- **Organizing and Advocacy:** We organize, mobilize, and enable our base⁴ of public health practitioners and organizations to take collective action in pursuit of transformative, structural change.
- **Research and Case-Making:** We generate and elevate research and stories that center community experience, advance social justice campaigns, and spur policy change.
- **Narrative Leadership:** We articulate a justice-oriented North Star vision and an analysis of the causes and remedies for persistent inequities. And we enable our partners to use this narrative in their context to shift what's possible.
- **Capacity Building:** As facilitators and leadership developers, we strengthen the strategic capacity of public health and movement leaders and organizations.

Our key approaches: How we operationalize our roles over the next five years

- **Convene and facilitate cohorts and leaders:** We will step further into leadership for the public health community, and organize our base to build a bigger "we." We will uphold our commitment to government and the administrative arena by convening, resourcing, and supporting champions of equity and justice within governmental public health and building

⁴ HIP's base is a subset of our public health core partners who are furthering an equity lens and work, including national nonprofits and associations; academic institutions, faculty, and students; governmental public health agencies, leaders, and staff; health philanthropy; and individual practitioners and leaders. HIP organizes with and is accountable to this base to shift the public health field toward justice, democracy, and community power. Ultimately, the work is accountable to the people most harmed by inequitable systems—the communities whose well-being defines HIP's North Star—even though they are reached primarily through CPBO partnerships rather than as a part of HIP's base.

their capacity to organize together. We will continue to bring people and organizations together, nurturing spaces for reflection, collective learning, visioning, and cross-sector leadership development.

- **Organize and activate coalitions and networks:** The field of public health, including philanthropy, is looking for guidance on where to go, and we are eager and prepared to provide leadership and organize partners. We will expand our organizing infrastructure — the spaces, relationships, skills, resources, and systems — for public health and CPBOs to work with each other, where partners can exercise collective action to defend and advance equity and justice, and build towards a larger health movement.
- **Advocate for policy change:** We will continue to champion and fight for a policy agenda that addresses systemic and structural injustice and advances the priorities of our CPBO partners. We clearly differentiate between federal and local partners and targets in our work: holding the line federally, while seeking to make bigger changes and build power at the state and local levels.
- **Conduct research in partnership with CPBOs:** We will engage in action-oriented research that is grounded in community lived experience and CPBO priorities, and that targets change in/ among government, corporate, and other actors responsible for driving health and inequities. We use research as a form of public health power to create momentum for change and to show public health's value and analysis to grassroots partners.
- **Develop and disseminate transformative narratives:** With our ecosystem partners, we offer a compelling, bold vision and narrative about public health and government rooted in democracy, dignity, belonging, and shared flourishing. We will continue to communicate a more explicit and intersectional race-class-gender narrative that expands 'who belongs,' while continuing to center structural racism. We will more explicitly emphasize economic justice and implicate the corporate and state actors who are responsible for harm to communities in the name of greed and profit.
- **Build capacity of our ecosystem to build power, organize, and engage in cross-sector partnerships:** We will enable our ecosystem partners to understand and use power, organize, advance inside-outside strategy, and collaborate towards policy and systems change.
- **Develop and disseminate frameworks and curriculum:** We will build tools, learning models, and capacity that enable deep understanding and application of equity-centered public health practice.

Our five-year organizational outcomes: The outcomes that HIP aims to accomplish

- **HIP is identified as a key influencer and leader by our core partners:** HIP is seen as a trusted, respected, values-driven leader across its roles by public health and CPBO movement leaders.
- **HIP has convened and woven ecosystem sectors and actors together into a more substantial infrastructure for organizing and action:** Core partners have stronger relationships, a shared vision of a future health system, shared political analysis, and shared strategies, tools, and methods for collaboration. They take collective action to respond to threats and push for transformative change.
- **HIP has organized and activated public health practitioners and organizations to uphold health equity and envision a future public health field:** Our public health base is consistently engaged in strategic organizing and mobilization to defend the parts that need defending, win policy and systems changes, and build towards a future public health system rooted in our North Star.
- **There is evidence that HIP's transformative health, racial justice, and power narratives are used by a growing number of core partners:** HIP's frameworks, research, and narrative guidance are widely adopted, and core partners affirm their utility and impact.
- **We see examples of courageous leadership shown by HIP's governmental and non-governmental public health partners that deliver shifts in practice, policy, and systems change:** There is evidence of bold leadership among HIP's public health partners and context-specific examples of their courage and action.

Our five-year ecosystem outcomes: The outcomes that our broader ecosystem accomplishes together

- **Examples of CPBOs and public health partnering:** We see more trust-based partnerships between CPBOs and public health, especially as part of social change campaigns.
- **Policy and practice wins in HIP's core issue areas:** We see tangible policy and practice changes and/or preservation of protections under threat in our key issue areas of community safety, economic justice, housing justice, climate justice, and in the public health field. We see shifts in public and private investments towards social justice.
- **A transforming public health field that sees itself as a force for anti-racism, health equity, and community power:** Components and practice of a transformed public health system are evident, with emergent signs of a bold and reimagined public health field that uses its power as a vehicle for anti-oppression and puts communities who are organizing for health at the center.

- **A nascent movement for health equity and justice:** Ecosystem actors are coordinating their organizing efforts and engaging their bases in shared campaigns for a rebuilt and co-governed public health system.
- **Shifts in dominant narratives that uplift the interdependence of health and equity:** Narratives and stories that highlight a belief in the connection between advancing equity and achieving health for all are understood and spread.
- **Impacted communities have greater power to change their material conditions:** Communities experience greater self-determination and agency to improve their lived material conditions.
- **Alternative models for government, co-governance, shared power:** New structures are adopted that center equity and demonstrate how to implement co-governance and power-sharing models.

“The expansive use of public health power and authority to defend communities was pretty new to us. Using that at scale could help expand the realm of what’s possible. Part of the contribution that HIP and other movement-aligned organizations can make is training and supporting organizations on the power that health departments have, and how we can make inroads to win the things we want by leveraging the power and resources of the public health sector.”

— Malcolm Chu, *Right to the City Alliance*

Creating a Learning System to Support this Strategic Plan

We created this plan to help us move with clarity and care in a terrain that is complex, turbulent, and uncertain.

To operate in complex systems, we must build the capacity both for urgent response *and* a bird's-eye view: deliberate moments for HIP's leadership, staff, and key partners to step back, take stock, and listen closely to what is emerging from our efforts. At the heart of this inquiry is [emergent practice](#), where we do more than establish goals and benchmarks for progress and performance. Emergent practice demands that we ask not just *what* happened, but *why*, to better inform the next faithful step.

"The co-learning that happens when I'm in spaces with HIP deepens my understanding and pushes me to think differently. To be able to bring that thinking back into the places that I'm working has been the most beneficial."

— Sheri Johnson, University of Wisconsin Population Health Institute

As we have done in our analysis of the root causes of inequitable health, we intend to place greater emphasis on digging beneath the surface to understand the forces that shape our organizational and ecosystem outcomes, especially the influence of context and culture. For example, when we see that HIP's policy platform around housing justice has been adopted by a growing number of core partners, we investigate. What conditions made this possible? What

relationships, strategies, or shifts unlocked momentum? Why? And what part did (or could) HIP play in building these conditions, relationships, strategies, or shifts?

OUR MOST FUNDAMENTAL LEARNING QUESTIONS:

1. What works?
2. For whom and to what extent?
3. Under what conditions?

As our commitment to emergent practice evolves in this new era, what follows is a basic outline for how we intend to incorporate this into our existing sensemaking efforts.

Emergent practices for implementing a HIP learning system

- **Designing our own learning practice:** Building on current practice, we will formalize our own learning system, incorporating the use of such practices as [Before and After Action](#) reviews and [Adaptive Action Cycles](#) when creating and executing key interventions.
- **Pattern spotting:** We will deliberately look for patterns, elevate exemplars, and distill what they teach us about how the ecosystem is moving — and how we can more effectively influence it.
- **Establishing routine moments of reflection:** We will dedicate time in our staff meetings, annual strategy retreats, and year-end reviews to directly address our most fundamental learning questions. We will set processes for the entire staff to develop and deepen reflective learning practice.
- **Deepen our organization-wide learning culture:** We will work with HIP's leadership team and Board to understand *both* HIP's specific outcome measures *and* HIP's learning questions, which speak to the condition of the wider field and/or system, for the purposes of using both to inform future action.

As we take our first steps towards implementing this strategic plan, we will integrate these emergent practices more specifically into our team, project, and individual work plans to ensure we are holding space and building the skills needed for effective learning and adapting over the next five years.

Our Invitation to Co-Create a Transformative Future

At HIP, we are embarking on this next chapter with clarity, continued commitment, and a deeper connection.

We know the terrain ahead will continue to shift, as ever. But we're bolstered by the knowledge that we do not, and cannot, move this work alone. We know who we are as an organization, and what we bring: deep relationships with our core partners and across our ecosystem, a sharp analysis of power and politics, and a history of rigorous, heart-centered, and values-driven work.

Our strength has always stemmed from the relationships we foster, the broader network of partners we've cultivated, and our practice of aligning public health with powerful organizing for the collective good. As we undertake these next steps, we do so grounded in long-standing partnerships and with an unwavering belief in the transformative power of people and organizations coming together to build and wield our collective strength.

This strategic plan is a compass woven with intention, shaped in a moment of urgency and possibility. We believe it will help us meet the future with clarity of purpose, humility in practice, and courage in relationships. We step forward with the conviction that health is a collective endeavor, that love and justice must be practiced at every scale, and that public health can be reclaimed as a force for care, dignity, and transformation, working in close and meaningful relationship with communities organizing for social justice.

"People are definitely receptive to your message because it's coming from you all. I think it's partly because people consider you not just a movement organization, but an organization that brings a unique perspective, legitimacy, and expertise to the table."

— Bianca Agustin, United for Respect

Humans at HIP

“What I value most about HIP is the people. I trust them. When I get an email from HIP, I know it’s vetted and they are taking their direction from the people who are most harmed by our systems. The values HIP uses to guide their work are aligned with mine. We have so much coming at us in public health — if I see something from HIP, I try to open it and use it and feel confident taking their recommended actions.”

— Kathi Schaff, Berkeley Media Studies Group

Board of Directors

Current and former HIP Board Directors who contributed to this plan:

Sarah De Guia, ChangeLab Solutions, Chair

Jeanie Donovan, New Orleans Health Department

Tamar Dorfman, San Francisco Housing Accelerator Fund

Marjory Givens, University of Wisconsin Population Health Institute

Aja Holston-Barber, Kentucky Civic Engagement Table

Jeanette Kowalik, Jael Solutions Consulting Services

David Liners, WISDOM/Gamaliel

William (Bill) Lopez, University of Michigan School of Public Health

Zach Lou, California Green New Deal Coalition

Shireen Malekafzali, San Mateo County Health System

Rishi Manchanda, HealthBegins

Brenda Muñoz, UC Berkeley Center for Labor Research and Education

Padmini Parthasarathy, Contra Costa Health

Dawn Phillips, Right To The City Alliance

Keshia Pollack Porter, Johns Hopkins Bloomberg School of Public Health



HIP staff (missing April Jean and Sukhdip Purewal Boparai, who were there in spirit!) at our annual staff retreat in Milwaukee, September 2024.

Staff

Selma Aly, Project Director

Rena Badruzzaman, Project Director

Sari Bilick, Program Director

Jessi Corcoran, Project Director

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