



# HIP's Policy Platform for Public Health Action

Building the Conditions for  
Collective Health

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Health in  
Partnership

# HIP's Policy Platform for Public Health Action:

## Building the Conditions for Collective Health

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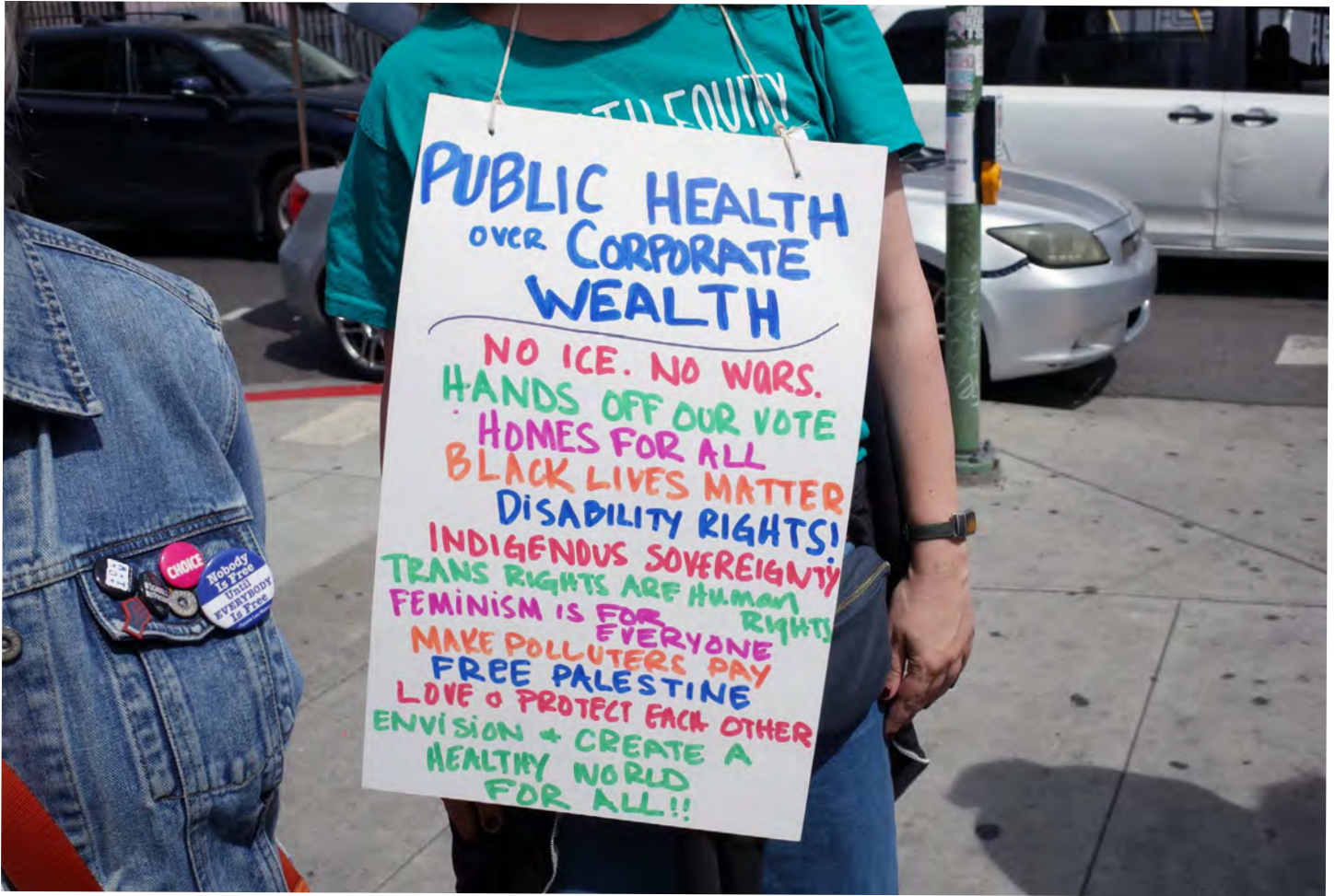
Health in Partnership (HIP) transforms the field of public health to center equity and build collective power with social justice movements.

Learn more at [healthinpartnership.org](https://healthinpartnership.org).

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# Introduction



**At HIP, we begin from the truth that all people are worthy of dignity, belonging, and the conditions to be healthy and thrive.** Our vision is rooted in an understanding of our profound interdependence: our health, and the health of our planet and all living beings, are bound together across race, class, gender, ability, immigration status, geography, and all other categories that are used to divide us.

We know that building a just society requires transforming the systems that harm us and imagining and organizing into being the world we desire. Grounded in this understanding, we lead with values of intersectional racial justice, community power-building, collective care, and the transformation of structures and power imbalances that shape health.

**In this moment of intensifying economic inequality, rising authoritarianism, escalating anti-Black racism, and the intentional dismantling of our democratic institutions, public health cannot be neutral.** We cannot stand by and watch the clear consolidation of authoritarian and corporate power, the proliferation of tactics intended to dehumanize and divide, the heightened criminalization of our communities, and the undermining of public institutions that aim to serve the public good. These trends are not new, but they are accelerating.

Our field of public health has a responsibility to respond with solidarity, clarity, and courageous action. Authoritarianism is a direct threat to public health; democracy, community governance, and resourced and accountable public institutions are necessary conditions for our work and our collective well-being.

To meet this moment, HIP is advancing a policy platform organized around five key issue areas that is aligned with a Health in All Policies (HiAP) approach. This approach acknowledges that health is determined not primarily in labs or hospitals, but in workplaces and homes, local and federal budgets, policing and immigration systems, climate, housing, and economic policy – and in the narrative and ideological landscapes that shape public understanding, democratic possibility, and what communities are able to win.

**This platform outlines HIP’s policy priorities across five interconnected sections:**

1. Community Safety
2. Housing Justice
3. Economic Justice
4. Climate Justice
5. The Field of Public Health

Each section draws from the lessons of our ancestors – especially Black, Indigenous, and other people of color – alongside the peoples’ movements that have carried those lessons forward, long resisting state violence, fighting for housing and economic rights, building climate justice solutions, and moving public health toward its social justice imperatives. It is intended to help shift the public health field, and our broader ecosystem, toward shared analysis, values, and action.

The policies are derived from and accountable to the lived expertise and campaigns of our community power-building organization (CPBO) partners. Each section includes policy recommendations that are intentionally broad, so as to remain relevant in this rapidly shifting political context, and applicable across geographies, though they may not be equally politically feasible in all contexts. We also offer examples of the policies along with concrete actions public health professionals can take to advance policy change and structural transformation.

The platform is also grounded in an [abolitionist approach to the Block and Build framework](#), and in the conviction that multiracial democracy and community power are essential conditions for collective health. To transform our conditions, we must:

- **Block** the expansions, normalization, and consolidation of all systems of violence – racist, carceral, patriarchal, extractive, anti-immigrant, and authoritarian
- **Blunt** the harms communities experience when blocking isn't possible
- **Break** the alliances and narratives that uphold oppression
- **Broaden and bridge** across divisions to create a movement capable of winning governing power
- **Build** the narratives, infrastructure, policies, and practices that allow communities to flourish

The volatility of this political moment demands nuanced and adaptive application of this platform. Policies that advance justice in one geography or region may be blocked in another. Wins that seemed definitive decades ago are now contested by those in power. The terrain of governance and policy is over-determined by bloated corporate influence, attacks on multiracial democracy, and reactionary narratives that aim to frighten and divide.

So, we offer this policy platform as both a starting point and North Star, knowing that strategies must pivot, and that change is not linear. **We are oriented toward possibility, because we know that the first step in dismantling systems of oppression and organizing a world where everyone thrives is recognizing that we, the people, hold the power to do so when we act together.**

We acknowledge that there are many other critical issues in this moment, including reproductive justice, disability justice, queer and trans rights, anti-militarism, international struggles for self-determination, and more, that are not captured in this platform. These and all issues of justice, dignity, and liberation intersect deeply with the policies we name and with HIP's broader work, and they must continue to inform the public health field's commitments to, and actions toward, systemic transformation.

Finally, we know that policy advocacy is only one way we build collective power and create change, and that it must be situated within a larger ecosystem of strategies – research and case-making, bridging across movements, organizing, capacity building, narrative change, and more – to be effective. Real transformation requires organizing across the many [arenas in which governing power](#) is contested and exercised: the electoral, legislative, administrative, judicial/constitutional, economic, and ideological/narrative arenas. It will require building the power, relationships, and organizational infrastructure to win the future we envision, and generate and sustain change over time.

**This platform is an invitation to join us and our partners in our work: to block what harms us, to build what heals and nourishes us, to create the democratic conditions necessary for governance in service of the people, and to move together toward a world where everyone has the power, resources, and ability to thrive.**

# Community Safety



Ideas of safety and accountability in the US are often tied up with systems of policing and punishment. Yet research shows myriad ways carceral systems inflict widespread mental and physical harm, which disproportionately affects people of color and those impacted by structural oppression. In truth, policing, incarceration, and punishment make all of us less safe and actively harm our communities.

**At HIP, we understand the abolition of carceral systems to be an essential public health strategy and goal.** Our public health vision for community safety is defined by systems of collective care, transformative justice, and deep investment in health-affirming social determinants like healthcare, housing, and education.

Critically, as abolitionist scholar and organizer Ruth Wilson Gilmore has said, “Abolition is about presence, not absence.” We thus must work toward a society without the health-harming systems of prisons, jails, detention centers, and policing while also building health-affirming systems

where we wield our collective resources to ensure that all people have what they need to thrive, grow, and live in community. For public health, that means we must build the power to promote transformative, abolitionist policies together with community organizations and those most directly impacted by policing, incarceration, surveillance, and immigration enforcement.

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**Critically, as abolitionist scholar and organizer Ruth Wilson Gilmore has said, “Abolition is about presence, not absence.”**

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## Defining the Moment

At this moment, we are experiencing heightened criminalization through policy, practice, and rhetoric. We are seeing increased ICE activity, including family separation, the incarceration of children, mass disappearances and deportations, mass surveillance, the spread of harmful narratives about immigrant communities, and the proliferation of violent detention centers. We are also witnessing the criminalization of protest, which threatens not only our rights to free assembly and free speech, but public health as a whole. At the same time, the federal government is investing more heavily in surveillance, policing, and punishment, including the increased militarization of police, the construction of new carceral facilities, and the reopening of facilities that were previously closed.

Longstanding struggles for policy changes — such as elder parole, medical parole, prison closure, and ending ICE transfers campaigns — remain essential to build the abolitionist vision we want to see in the world. Across all levels of government, we must use governing power within the legislative arena to block authoritarian, fascist, and carceral forces from building and consolidating power to further criminalize and harm our communities. Instead, we must push our governments to reallocate resources towards non-carceral, non-punitive, and non-coercive forms of accountability and collective care.

## Policies to Advance Public Health and Community Safety

- **PREVENT THE CONSTRUCTION OF ALL NEW CARCERAL FACILITIES**
  - ◊ Enact a moratorium on the construction of all prisons, jails, immigrant detention

centers, and “cop cities” — and do not allow the expansion of home arrest, GPS monitoring, or other forms of e-carceration.

- *In Massachusetts, [H3422/S2114](#) would establish a 5-year moratorium on jail and prison expansion by prohibiting the state from building a new facility, studying or identifying sites for a new facility, or expanding or converting portions of an existing facility to expand detention capacity.*
- ◇ At all levels of government, prohibit the sale or lease of any land or facilities that can be used for mass detention.
  - *Communities and elected officials from localities across the US have [stopped or halted detention facility projects](#).*

## • **BLOCK CRIMINALIZING NARRATIVES, POLICIES AND PRACTICES**

- ◇ Intervene on narrative, policies and practices that criminalize and “other” groups of people — including but not limited to migrants, trans people, Muslims, protesters, people who express views that are pro-Palestine or anti-fascist, and abortion seekers and providers.
  - *The national Beyond Do No Harm Network created [thirteen principles](#) for supporting people’s agency, self-determination, dignity of risk, and general wellbeing.*

## • **INTERVENE ON MASS DEPORTATION AND PREVENT FAMILY SEPARATION**

- ◇ Resist deputization of local law enforcement, private corporations, militias, or private individuals to participate in mass detention and deportation — including 287(g) agreements with ICE.
  - *In Delaware, [HB 182](#) banned 287(g) agreements in the state, which are formal contracts that allow local police to enforce federal immigration laws.*
- ◇ Utilize the tools of grassroots organizing, participatory defense, sanctuary policies, and building the capacity of health organizations and individuals to defend and protect our immigrant and refugee communities.
  - *HIP’s [Immigration Justice Action Steps and Talking Points](#) offers recommendations for how people working at health agencies can support immigration justice.*

## • **REALLOCATE PUBLIC RESOURCES FROM THE CRIMINAL LEGAL SYSTEM TOWARDS NON-CARCERAL FORMS OF COMMUNITY SAFETY AND ACCOUNTABILITY**

- ◇ At all levels of government, divest funds from policing, mass criminalization, incarceration, surveillance, immigration and customs enforcement (ICE), and deportation.

- *CPBO and impacted community member advocacy has led municipalities like [Minneapolis](#), [Milwaukee](#), [Austin](#), and [Seattle](#) to move funds away from police departments and toward life-affirming services – including affordable housing, youth programming, non-police violence prevention, homeless services, and decriminalization efforts.*
  - ◇ Invest funds at all levels of government into the social determinants of health that make our communities healthier and safer, including community-led, non-carceral, non-police crisis response models.
    - *The [People’s Response Act](#) supports the creation of a new Division of Community Safety within the Department of Health and Human Services and provides grant money for life-affirming, non-punitive approaches to safety like supporting housing, economic stability, infrastructure, public spaces, restorative justice, and youth development.*
- **FREE PEOPLE FROM JAILS, PRISONS, IMMIGRATION DETENTION, AND CIVIL COMMITMENT FACILITIES**
- ◇ Grant clemency, pardons, and commutations, which are head of state-granted forms of executive relief for federal or state convictions.
    - *Governor Wes Moore of Maryland [pardoned](#) 175,000 convictions related to the possession of cannabis and President Joe Biden granted [4,245 acts of clemency](#) during his tenure.*
  - ◇ Utilize elder parole and medical parole to immediately release all older adults, people who are terminally ill, and people who are permanently incapacitated.
    - *In 2020, during the height of the COVID-19 pandemic, over [80,000 people were released](#) from prisons or jails through a variety of mechanisms, including expedited parole, commutations, medical parole, and sentence reductions.*
  - ◇ Immediately release all people detained in ICE custody, with notice to family and appropriate service providers.
    - *COVID-19 relief efforts included [legislation](#) and judge orders in [California](#) and [Florida](#) that supported the release of individuals in detention centers.*
  - ◇ Prohibit government officials from transferring people to ICE upon their release from jails or prisons.
    - *The [Illinois Way Forward Act](#) restricts local law enforcement’s ability to cooperate with ICE.*

## How Public Health Can Take Action for Abolition

Please see page 31 for a comprehensive list of actions public health professionals can take to advance the policy solutions discussed above. Below are a few examples:

- Shortly after the COVID pandemic began, the San Francisco Department of Public Health [wrote a letter](#) to the mayor leveraging its public health authority to urge decarceration and diversion, with a target goal of releasing 700–800 people from San Francisco jails. Within two months, almost 400 people were decarcerated.
- The American Public Health Association (APHA) presented as a panelist on a webinar hosted by the National Council for the Incarcerated and Formerly Incarcerated Women and Girls about the health impacts of incarceration and the role that and ACES play in incarceration.
- Hundreds of public health organizations and individuals signed onto letters authored by HIP to oppose constructing new prisons in [Vermont](#) and [Massachusetts](#). As accompanying efforts, HIP spoke at a [press conference](#) at the state capitol in Vermont and connected the state health department with Families for Justice and Healing, a Massachusetts-based CPBO.
- The San Francisco Department of Public Health houses the [Mobile Crisis Team](#), an interprofessional clinician-run service for adults in San Francisco that responds to mental and behavioral health crises.

## Examples of Organizations Working on Community Safety

Many CPBOs and coalitions nationwide are deeply engaged in the work of abolishing carceral systems and advancing collective care, transformative justice, and investments in health-affirming social determinants. We invite you to develop accountable relationships with CPBOs and coalitions in your local jurisdictions to advance shared goals of community safety. Examples include:\*

- Community Safety Agenda
- Critical Resistance
- Interrupting Criminalization
- National Council for the Incarcerated and Formerly Incarcerated Women and Girls
- California Coalition for Women Prisoners
- Families for Justice as Healing

## HIP Research and Resources

Please see [here](#) for HIP research and resources that focus on community safety.

\* Organizations listed do not necessarily officially endorse this policy platform.

# Housing Justice



Housing and health crises in this country are impacting people from all backgrounds: homes are deteriorating, rents and eviction rates are rising, more people are becoming unhoused, and displacement is tearing communities apart.

**The field of public health has too often been so consumed by the urgency of these housing and health crises that it fails to address their deeper structural causes** — including white supremacy, lack of renter power, widening income inequality, declining public investment in housing, and growing corporate ownership and power.

These root causes are all about power. Power is a fundamental determinant of injustice and of liberation. It shapes daily interactions between tenants and landlords, how our bodies react to the stressors of housing conditions, where and how we can live, and whether communities can advance policies that support health.

At HIP, we know that the field of public health plays an essential role in shifting unhealthy power imbalances, undoing legacies of harm, and actualizing a vision of dignified, affordable, and stable housing for all. Public health also has the power to help advance visionary policies, such as rent control, that meet people’s basic needs, are popular across the political spectrum, counter democratic back-sliding by drawing working class people away from authoritarian movements, and demonstrate what grassroots multi-racial democracy can achieve.

## Defining the Moment

Decades of racist policies that led to land theft, segregation, exclusion, and disinvestment from BIPOC communities are still felt today, and continue to impact the health of many communities. More recently, the Trump administration has taken steps to criminalize and institutionalize homeless people, dismantle fair housing protections, implement harsh work requirements, make it harder for immigrant households to pay for housing due to ICE terror, and remove immigrant tenants from subsidized housing, deeply impacting working families with low incomes, who rely on subsidized housing programs to stay housed.

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We have the power and opportunity to advance policies that curb corporate landlords’ power, challenge policies that harm tenants and homeowners, and dismantle the legacies of colonization, segregation and urban disinvestment that perpetuate racial inequities in housing today. We must block the policies and structures that reinforce power imbalances between tenants and landlords; that discriminate against BIPOC, homeless, and immigrant families; and that gut programs that keep people housed and healthy.

Importantly, we must also take on the work of elevating visionary policies that build toward a future where everyone is sheltered in dignified, healthy, and high-quality housing, and where housing is a universal right.

## Policies to Advance Public Health and Housing Justice

### • PROTECT AND STABILIZE LOW-INCOME RENTERS AND MANUFACTURED HOUSING RESIDENTS

- ◇ Enact policies including rent stabilization, rent control, just cause eviction, right to legal counsel, emergency housing assistance, anti-harassment ordinances, anti-displacement zones, right to return, condo conversion limits, and rent registries.
  - *In 2021, voters in St. Paul, MN approved a measure to [enact rent stabilization](#), which caps rents at 3% annually and restricts landlords from increasing rent by more than 8% when a unit becomes vacant.*
- ◇ Block policies that dismantle fair housing protections and discriminate against or deny housing to protected groups including immigrant and BIPOC tenants.
  - *National housing justice coalitions and other housing and health leaders have been [vocally opposing the Trump administration's proposed rule](#) requiring the verification of eligibility of mixed-status immigrant families residing in HUD housing.*

### • PRESERVE AND IMPROVE EXISTING LOW-COST HOUSING

- ◇ Design strong housing code enforcement that is proactive, limits displacement, and allows legalization of informal units.
  - *Los Angeles' [Rent Escrow Account Program](#) allows tenants to pay reduced rent until the housing code violation is corrected, and use the withheld rent to pay for things like building repairs and relocation expenses.*
- ◇ Invest in rehabilitation and acquisition of low-cost housing with permanent affordability restrictions.
  - *In California, the Bay Area's Housing Finance Authority's [Housing Preservation Loan Pilot](#) preserves affordable housing and protects residents by helping mission-driven housing developers acquire and rehabilitate residential properties, which are then converted to permanently affordable housing.*
- ◇ Support climate-resilient upgrades — including heating, cooling, gray water, energy upgrades, and decarbonization — while prioritizing lower-resource households and communities and those facing elevated climate risks.

- California's [Low-Income Weatherization Program](#) provides low-income households with solar and energy upgrades to reduce greenhouse gas emissions and advance equitable building decarbonization.

## • INCREASE TENANT POWER AND DECREASE CORPORATE LANDLORD POWER

- ◇ Give tenants the right to organize and form tenant unions.
  - San Francisco, CA's ["Union-at-Home" ordinance](#) legally protects tenants' associations and establishes their right to negotiate with landlords.
- ◇ Repeal state bans on locally-adopted healthy housing policies, like rent control and proactive code enforcement.
  - A bill in the Massachusetts state legislature, [H.2328, the Rent Control Enabling bill](#), proposes to repeal a state ban on local municipalities' ability to enact rent stabilization ordinances.
- ◇ Limit corporate landlords' power and profit incentive, including caps on their housing portfolio, speculation taxes, LLC owner transparency, and rental unit registries.
  - California's [AB 1240](#) proposes to prohibit real estate investors that own more than 1,000 single-family homes from purchasing any additional properties to convert into rentals.

## • DISMANTLE EXCLUSIONARY ZONING, AND DEVELOP HEALTHY AND CLIMATE-RESILIENT COMMUNITIES

- ◇ Develop inclusive housing away from sources of pollution, and instead near health-supportive resources like public transit, green spaces, health facilities, schools, and job centers.
  - Portland, OR's [SW Corridor Inclusive Communities Project](#) sets housing goals and targets to preserve and create more affordable housing near light rail, jobs, educational opportunities, shopping, and healthcare centers.
- ◇ Support compact, climate-smart communities while limiting displacement and respecting the self-determination of BIPOC and working-class communities.
  - California's community-led state program [Transformative Climate Communities](#) aimed to design and implement land use planning strategies that are more resilient, equitable, and healthy.
- ◇ End single-family zoning and exclusionary development, while prioritizing equity outcomes and the self-determination of BIPOC and working-class communities.
  - In Oregon, [HB2001](#) eliminated single-family zoning in much of the state, allowing up to fourplexes in larger cities.

- **PRODUCE HOMES THAT PEOPLE CAN AFFORD, ESPECIALLY PERMANENTLY AFFORDABLE AND COMMUNITY-CONTROLLED HOUSING**
  - ◊ Fund the production and preservation of housing that working-class and BIPOC residents can afford – prioritizing permanently affordable, decommodified, community or publicly-owned housing models such as social housing, community land trusts, limited equity cooperatives, tenement syndicates, and mutual aid housing cooperatives.
    - *In Los Angeles, CA, [Measure ULA](#) taxes properties over \$5 million and directs revenue towards permanent affordable housing, including social housing and community land trusts owned and governed by their residents.*
  - ◊ Reinvest in public housing, including building new units and rehabilitating existing units to ensure that homes are dignified, healthy, and climate resilient.
    - *[Green New Deal for Public Housing](#) aims to retrofit, rehabilitate, expand, and decarbonize the entire nation’s public housing stock through an estimated \$162 to \$234 billion investment over the next ten years.*
  - ◊ Enable community ownership through Tenant Opportunity to Purchase (TOPA) or Community Opportunity to Purchase (COPA) programs.
    - *Washington, DC’s [Tenant Opportunity to Purchase Assistance](#) program assists residents threatened with displacement in purchasing their buildings and converting them into cooperatives or condominiums.*

## How Public Health Can Take Action for Housing Justice

Please see page 31 for a comprehensive list of actions public health professionals can take to advance the policy solutions discussed above. Below are a few examples:

- The St. Louis Health Department of Health [joined a partnership](#) with renter-led organization Tenants Transforming Greater St. Louis to strengthen housing code enforcement.
- In California, the Alameda County Public Health Department worked with grassroots organizers and other partners to [advance equitable housing policies and practices](#).
- Multiple hospital systems across the country [have invested](#) in community land trusts and other housing improvement and construction programs that help people buy homes, or that provide much-needed healthy housing.
- In California, the [Housing Justice as Health Equity Collaborative](#) is organizing the state’s health sector to win stable, dignified, deeply affordable homes as a foundation of health.

## Examples of Organizations Working on Housing Justice

Many CPBOs and coalitions nationwide are deeply engaged in the work of addressing the root causes of housing and health crises. We invite you to develop accountable relationships with CPBOs and coalitions in your local jurisdictions to advance shared goals of housing justice.

Examples include:\*

- Alliance for Housing Justice
- California Green New Deal Coalition
- Housing Now! California
- Manufactured Housing Action
- People's Action
- Popular Democracy
- Private Equity Stakeholder Project
- Right to the City Alliance
- Tenants Together
- Tenant Union Federation

## HIP Research and Resources

Please see [here](#) for HIP research and resources that focus on housing justice.

\* Organizations listed do not necessarily officially endorse this policy platform.

# Economic Justice



Economic security is fundamental to public health, but our economic system is anything but healthy. It is built upon a foundation of racialized capitalism that disadvantages the working class and Black, Indigenous, and other people of color. False narratives of competition and scarcity — borne from this nation’s legacy of racism, capitalism, and patriarchy — concentrate resources, power, and wealth in the hands of few, on the backs of many.

**This system is not natural or inevitable.** Together, public health in partnership with social movements have the power to build a future where our economy provides for our basic needs, works to repair past harms, and equips all people with what they need to thrive — regardless of race, age, gender, sexuality, immigration status, or employment status. Where all work is valued, all jobs are healthy for people and the planet, and workers lead on issues that impact their lives. In this economic future, reparations are commonplace, wealth is redistributed, corporate power is held in check, and robust safety net programs are available to all, without exceptions.

At HIP, we know the field of public health is a key player in building this just and equitable future. **Income inequality, corporate power, social safety net programs, benefits, and workplace safety are all ultimately issues of health.** As a field, we must leverage our power to advance health and economic justice for all.

## Defining the Moment

Right now, we're seeing deepening income inequality, a consolidation of wealth and power in the hands of billionaires and corporate elites, and attacks on worker power and economic justice. In the first [100 days alone](#), the Trump administration cut wages, undermined worker health and safety, waged attacks on immigrant communities, cancelled equity in hiring initiatives, gutted the federal workforce, and more. These attacks are sustained and ongoing.

The backdrop of these changes is an economy that wasn't working for the people to begin with. Although decades of organizing saw numerous wins at the state, local, and federal levels, economic security remains out of reach for many – which was true even before the Trump administration's coordinated and ongoing attacks.

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**This moment calls for us to fight against policies that unravel hard-won worker protections, and to stand up to the billionaires and corporate elites who continue to exploit workers and communities.**

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This moment calls for us to fight against policies that unravel hard-won worker protections, and to stand up to the billionaires and corporate elites who continue to exploit workers and communities. At the same time, we cannot simply return to our economic status-quo of racialized capitalism, extreme income inequality, and outsized corporate power. We must simultaneously advance policies that actualize a vision of true economic justice and health equity.

## Policies to Advance Public Health and Economic Justice

- **REDISTRIBUTE WEALTH AWAY FROM BILLIONAIRES AND CORPORATE ELITES, INTO THE HANDS OF COMMUNITIES**
  - ◇ Raise taxes on corporations and the rich, and reduce the tax burden for lower-income individuals and families.
    - *In 2022, Massachusetts voters passed the [Fair Share Amendment](#), which applies an additional 4% tax on incomes exceeding \$1,000,000.*
  - ◇ Invest in BIPOC communities through reparations and budget initiatives.
    - *In 2021, Asheville, NC [approved a budget amendment committing \\$2.1 million to be invested in the economic mobility and generational wealth of Black communities.](#)*
  - ◇ Create opportunities for public ownership of public goods like housing, energy, healthcare, and more – rather than privatization and corporate ownership.
    - *In California, the coalition Reclaim Our Power is fighting for a democratized energy system, including by sponsoring legislation such as [SB 332: the Investor Owned Utilities Accountability Act.](#)*
- **PROVIDE ALL PEOPLE WITH WHAT THEY NEED TO THRIVE, REGARDLESS OF IMMIGRATION STATUS, EMPLOYMENT STATUS, OR INCOME LEVEL**
  - ◇ Expand the eligibility of safety net programs so that all people can access them, and support legislation that continually improves their benefits.
    - *In Oregon, [HB 3352](#) expands Medicaid access to all people, regardless of immigration status.*
  - ◇ Pilot and implement guaranteed basic income programs.
    - *In 2022, Louisville, KY piloted the [Young Adult Louisville Income for Transformation \(YALift!\)](#) program, which gave 151 people aged 18-24 who live in areas of concentrated poverty \$500 a month for one year.*
  - ◇ Provide access to high quality, affordable, and culturally affirming care – including child care, elder care, and disability care – for all people.
    - *New Mexico was the first state to offer [no-cost universal childcare](#) for all families regardless of income or immigration status, and with some exceptions to the work or school requirement.*
  - ◇ Ensure that workers transitioning out of declining industries have a comprehensive safety net, including wage replacement and retraining programs.
    - *California's [2023-2024 Displaced Oil and Gas Workers Fund](#) allocated a total of \$36.5 million to support initiatives that transition displaced oil and gas workers into other sectors.*

- **CREATE JOBS THAT BUILD WORKER POWER AND SUPPORT LOCAL COMMUNITIES**

- ◇ Promote and protect worker power and the right to organize and collectively bargain.
  - *In 2023, [Michigan repealed its “right-to-work” law](#), a policy that is currently active in 26 other states and undermines worker power building.*
- ◇ Ensure that all jobs benefit local communities through targeted and local hiring, workforce development programs, and community benefits agreements.
  - *In New Orleans, LA, the [Hire NOLA Ordinance](#) requires that at least 40% of work hours completed in Louisiana (on specific covered projects) are done by local workers, with additional requirements for hiring for local workers experiencing disadvantage.*

- **ENSURE THAT ALL JOBS HAVE HEALTH-SUSTAINING BENEFITS AND PAY**

- ◇ Expand access to paid leave for all workers – including sick leave and family and medical leave – and support legislation that continually improves their benefits.
  - *A growing number of jurisdictions have enacted their own [paid sick and family and medical leave](#) policies.*
- ◇ Provide livable wages and access to overtime pay for all working people.
  - *As of January 2026, [several jurisdictions in Washington](#) have minimum wage ordinances that exceed the state’s minimum wage of \$17.13, including Seattle (\$21.30) and Tukwila (\$21.65).*
- ◇ Ensure that all workers have reasonable and predictable schedules with the option of full-time hours.
  - *[Chicago, IL’s Fair Workweek](#) ordinance requires that employees in qualifying industries receive advance notice of their work schedule, the right to decline previously unscheduled hours, predictability pay for shift changes within 14 days, and the right to rest.*

- **CREATE HEALTHY AND SAFE WORKING CONDITIONS FOR ALL WORKERS**

- ◇ Guarantee healthy and safe workplaces – including for all workers who are currently excluded from some labor laws.
  - *In lieu of a federal law, [seven states have enacted](#) heat standards to protect workers from increasing climate hazards.*
- ◇ Protect workers from employer abuse, discrimination, retaliation, and noncompliance with labor laws – including for all workers who are currently excluded from some labor laws.

- *In 2022, Connecticut, Florida, Massachusetts, New Hampshire, and West Virginia [all introduced bills](#) to include rebuttable presumption of retaliation – which assumes any adverse action taken within 90 days of a worker exercising a protected activity is retaliatory in nature.*
- ◇ Protect workers against the harms of AI use in the workplace, and ensure transparency and worker voice in how AI is used.
  - *California, Illinois, New Jersey, New York, and Vermont have all [introduced legislation](#) that regulates the use of AI in hiring, firing, and compensation-related decisions.*

## How Public Health Can Take Action for Economic Justice

Please see page 31 for a comprehensive list of actions public health professionals can take to advance the policy solutions discussed above. Below are a few examples:

- The San Francisco Department of Public Health uses their health authority to [suspend or revoke](#) the health permits of employers guilty of wage theft.
- The New Orleans Health Department worked with Step Up Louisiana on a successful ballot initiative to add a [Workers' Bill of Rights](#) to the City's charter. They also established a [Health Department Certification Program](#) to reward employers who meet healthy work standards.
- APHA has published numerous policy briefs on issues such as [increasing the minimum wage, ensuring decent work for all, reforming workers' compensation](#), and improving working conditions in specific industries such as [agriculture](#). Each policy statement includes a list of policies that the APHA urges legislators to enact.
- A total of more than 200 individual public health practitioners have signed onto letters developed by HIP that call for [better health and safety protections](#) for Amazon drivers and warehouse workers, and for a [Living Wage and Safety Ordinance](#) for rideshare drivers.

## Examples of Organizations Working on Economic Justice

Many CPBOs and coalitions nationwide are deeply engaged in the work of building worker power and fighting for a just social safety net and employment policies. We invite you to develop accountable relationships with CPBOs and coalitions in your local jurisdictions to advance shared goals of economic justice. Examples include:\*

- Action Center on Race and the Economy
- Athena Coalition
- California Labor for Climate Jobs
- California Work and Family Coalition
- Caring Majority Rising
- Central Coast Alliance United for a Sustainable Economy
- Centro Binacional para el Desarrollo Indígena Oaxaqueño
- Jobs with Justice
- Mixteco Indígena Community Organizing Project
- Power Switch Action
- United for Respect
- Warehouse Workers Resource Center

## HIP Research and Resources

Please see [here](#) for HIP research and resources that focus on economic justice.

\* Organizations listed do not necessarily officially endorse this policy platform.

# Climate Justice



**Climate change is the single greatest threat to the public's health.** It is destabilizing everything that our health depends on and exacerbating existing health inequities tied to racism, sexism, classism, ableism, place-based discrimination, and other structural injustices.

Public health is a critical part of the climate justice movement. The field's resources, skills, and political power are necessary to build a future where fossil fuel corporations are held accountable for knowingly harming our health. A future where we repair harm to the earth, return land for Indigenous stewardship, ensure reparations for Black Americans. Where we advance a regenerative economy guided by care, repair, land stewardship and reparations, and a worker-led [just transition](#). And where dominant worldviews and narratives reflect the interconnectedness and rights of all beings to a healthy planet.

HIP's climate justice organizing partners cite health as a key reason their communities are organizing. By standing with communities and organizers, the field of public health can advance solutions that slow climate change, build resilience, address structural injustices, and ultimately advance health equity.

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## Defining the Moment

Scientists agree that we are passing a “tipping point” of no return which may lead to “[abrupt, irreversible, and dangerous impacts](#).” This is not for lack of knowledge. Research on climate change dates back to the 1890s, and we have long known that drastically cutting emissions and advancing a just transition are the solutions. But the outsized power of corporations, fossil fuel industry cover-ups, and inadequate government protection and regulation have blocked meaningful action toward just transition.

This has only intensified under the current administration. As of Spring 2026, the Trump administration had taken over [350 actions](#) that scale back or wholly eliminate climate mitigation and adaptation measures. This includes withdrawing from global climate bodies, intentionally promoting disinformation, weakening climate protections, and replacing agency leadership with climate science deniers. In February of 2026, the EPA overturned the “endangerment finding” that serves as the backbone of all greenhouse gas regulations. Congress is following the administration’s lead: in April of 2026, Republicans introduced legislation that gives fossil fuel companies immunity from lawsuits seeking to hold them accountable for their role in the climate crisis.

Nevertheless, there is hope. Polls show the public overwhelmingly wants strong government climate action. Together, we must block the Trump administration’s actions and build the healthy, climate-safe, and resilient future we and our children deserve.

## Policies to Advance Public Health and Climate Justice

- **HOLD FOSSIL FUEL COMPANIES ACCOUNTABLE FOR THE HEALTH HARMS CAUSED BY THEIR PRODUCTS AND POLLUTION**
  - ◇ Demand no legal immunity for Big Oil.
    - *In 2026, nearly [200 advocacy groups](#) urged Democratic representatives to “proactively and affirmatively” [reject potential industry attempts to obtain immunity](#) from litigation.*
  - ◇ Require the largest fossil fuel corporations to pay into state or local climate funds that pay for the environmental and health damage they’ve caused, and ensure funds are directed to the most impacted communities.
    - *In 2024, the Vermont legislature passed the [Climate Change Superfund Act](#) into law, which requires fossil fuel companies to pay for climate damages and fund climate adaptation projects.*
  - ◇ Require the parties responsible for pollution to pay for the full remediation of environmental and health harms from all stages of the coal, oil, and gas chain, including pollution from operating, abandoned, and orphaned infrastructure.
    - *A [report](#) focused on the Phillips 66 refinery closure in Carson, CA recommends that refiners pay into an independently managed fund to cover costs.*
  - ◇ Counter fossil fuel industry disinformation by mandating the funding, development, and implementation of a public health counter-marketing and media advocacy campaign that tells the truth about the harms of fossil fuels.
    - *While this has not yet been done anywhere in the US, it is similar to the [1998 Master Settlement Agreement](#) which restricted tobacco advertising and funded a public education program called the Truth Initiative.*
- **EQUITABLY PHASE OUT FOSSIL FUEL EXTRACTION, EXPORT, REFINING, AND USE**
  - ◇ Prohibit new and expanded fossil fuel infrastructure, and develop and adopt state or local plans for fossil fuel phase-outs, complemented by worker- and community-led processes to set timelines, determine priorities, and ensure support for impacted communities and workers.
    - *The Union of Concerned Scientists published a [Petroleum Phase-Out Plan for California](#), which describes the importance of protecting communities, workers, and consumers.*

## • **SUPPORT WORKERS IN THE TRANSITION TO A FOSSIL-FREE ECONOMY**

- ◇ Invest in a just transition for workers and communities adversely impacted by job loss related to the phase-out of fossil fuel use, including through workforce development, training, and local hiring, community investment, income replacement, and maintenance of pension and health benefits for displaced workers.
  - *The Colorado Office of Just Transition helps coal workers transition to new jobs, identifies long-term transition strategies for coal communities, and is guided by an advisory committee and action plan.*
- ◇ Support an economic transition plan that creates new jobs in a fossil-free economy that pay a living wage and provide family-sustaining benefits; ensure employers in the new economy comply with labor and environmental laws, including support for collective bargaining rights and unionization.
  - *In 2023, New York [included a bill](#) in its state budget that ensures renewable energy projects provide good union jobs that include pay rate protection and retraining opportunities, and are available for workers who lose fossil fuel jobs.*

## **How Public Health Can Take Action for Climate Justice**

Please see page 31 for a comprehensive list of actions public health professionals can take to advance the policy solutions discussed above. Below are a few examples:

- In California, a public health coalition met with authors of the [Polluters Pay Climate Superfund Act of 2025](#) to ensure they include more health language in the bill text.
- The American Public Health Association's [Act on Climate](#) program organizes public health professionals to champion climate solutions, including through advocacy training and a campaign encouraging APHA members to meet with their legislators, write Op-Eds, and more.
- The [Vermont Department of Health](#) uses health data to track the impacts of climate change and help communities respond, for example by using data on heat illnesses to identify where cooling centers should be located.
- Health professionals across the country are urging our elected officials to protect our right to [hold Big Oil accountable](#).

## Examples of Organizations Working on Climate Justice

Many CPBOs and coalitions nationwide are deeply engaged in fighting for a just transition and in slowing and responding to the health harms of climate change. We invite you to develop accountable relationships with CPBOs and coalitions in your local jurisdictions to advance shared goals of climate justice. Examples include:\*

- Asian Pacific Environmental Network
- California Green New Deal Coalition
- California Labor for Climate Jobs
- Fossil Free for Health Coalition
- Make Polluters Pay CA

## HIP Research and Resources

Please see [here](#) for HIP research and resources that focus on climate justice.

\* Organizations listed do not necessarily officially endorse this policy platform.

# Field of Public Health



**The federal administration’s destruction of the public health system is both an immense challenge, causing material harm to our communities, and an opportunity to build a transformed system that truly meets our collective needs.** To seize this opportunity, the field of public health must move beyond crisis response and recovery, deepen our commitments to our values, sharpen our tactics, and grow an even bolder vision.

At HIP, we envision a public health system that engages racial justice, health equity, and community power as core responsibilities of the government. We believe in a governmental public health sector that resists authoritarian rule, holds multiracial democracy as a foundation for health, and acts in solidarity with the people; a transformed field that sees itself as a base for creative, transformational, anti-racist work; and an expansive, well-connected public health ecosystem that organizes around a shared agenda in deep, accountable relationship to the communities it serves, sustained by a diverse workforce.

Building such a public health system is not only achievable — it is essential to safeguarding lives, restoring public trust, and sustaining multiracial democracy.

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## **At HIP, we envision a public health system that engages racial justice, health equity, and community power as core responsibilities of the government.**

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### **Defining the Moment**

The COVID-19 pandemic, the current federal administration, and the broader political climate have destabilized public health by attacking scientific norms, gutting public and regulatory agencies, restricting equity-focused work, and creating uncertainty in funding and staffing. Through surveys, interviews, and direct engagement with governmental and nongovernmental practitioners, HIP has documented some of the consequences: preemptive compliance with political pressure, erosion of public trust, loss of staff and infrastructure, and heightened harm to BIPOC, immigrant, LGBTQ+, disabled, and low-income communities.

Blocking these harms is imperative, but not sufficient on its own, to build the public health system our communities need and deserve. We must also clear the path to build a stronger, more durable public health system that can withstand political shifts and deliver equitable outcomes.

### **Policies to Transform the Field of Public Health**

- **RESIST UNSCIENTIFIC MANDATES THAT COMPROMISE GOOD PUBLIC HEALTH PRACTICE**
  - ◊ Build skills in the practice of noncompliance so that, in the event of an explicit instruction or mandate that is unscientific and compromises good public health practice, you are prepared to defend your community's health.
    - *In response to the Trump administration's destruction of the CDC's scientific integrity, California, Hawaii, Oregon, and Washington formed the [West Coast Health Alliance](#), which will ensure that public health policies are guided by science.*

- ◇ Maintain scientifically sound, accurate information and materials on your website, social media, press releases, and other communications.
  - *The New York City Department of Health and Mental Hygiene actively posts important, scientifically sound health information on their social media accounts, and in [press releases, and statements](#).*

## • ADVANCE TRANSFORMATIVE NARRATIVES FOR HEALTH

- ◇ Intervene on narratives that harm health, including messages that advance the ideas that racism and other forms of oppression don't exist or don't matter, that health is determined by individual behavior, or that we do not have enough resources to take care of everyone.
  - *The short film [Narratives for Health Equity](#) intervenes in individualistic and behavior-centered health narratives that absolve responsibility from the structural and societal forces that shape our health.*
- ◇ Advance transformative narratives that lift up important values and tell the truth about how we create health, including the idea that all people are worthy of dignity, love, and respect, that democracy is foundational to health, and that we can organize a world where everyone can thrive.
  - *The [Narratives for Health](#) project supports public health professionals in advancing transformative narratives and building narrative power.*

## • FULLY FUND AND RESOURCE THE PUBLIC HEALTH SYSTEM

- ◇ Advocate for multi-year, stable public funding for public health systems at the federal, state, local, and tribal levels, and for the restoration and expansion of funding for initiatives that address systemic determinants of health and advance health equity and racial justice.\*
  - *The [Public Health Funding Restoration Act \(HR 1715\)](#) would restore funding to the Prevention and Public Health Fund, which supports public health systems across levels of government.*
- ◇ Support flexible funding and blending and braiding of multiple funding sources to maximize support for public health services, including those that directly support health equity and communities most impacted by inequities.\*\*
  - *This [resource](#) from The Association of State and Territorial Health Officials (ASTHO) describes braiding and layering funding, and why it's important.*

\* Adapted from Defend Public Health's report, [Improving the Health of Americans Together](#).

\*\* Adapted from the Bipartisan Policy Center's report, [Public Health Forward: Modernizing the U.S. Public Health System](#).

- **INVEST IN LONG-TERM RELATIONSHIP-BUILDING AND PARTNERSHIP DEVELOPMENT WITH COMMUNITY-BASED AND GRASSROOTS ORGANIZATIONS**

- ◇ Build a Health in All Policies approach where a dedicated team has the time, staff, and resources to review governmental decisions and ensure they consider how all policies affect people’s health.
  - The [California Health in All Policies Task Force](#) convenes government departments and agencies (beyond solely public health departments) to advance health and racial equity and climate justice.
- ◇ Develop a democratic participatory budgeting process that centers community needs, providing community members access to decision making in addition to money and resources they need to show up as strong partners with public health departments.
  - This [resource from the National Association of County and City Health Officials \(NACCHO\)](#) offers case studies of participatory budgeting processes led by the Tacoma-Pierce County Health Department in Washington and the St. Louis County Department of Public Health in Missouri.
- ◇ Provide money, resources, and other incentives to help public health departments build strong partnerships with organizations in various sectors that address the social determinants of health.
  - In 2024, a [study](#) published in the American Journal of Preventative Medicine found that social determinants of health interventions led by multisectoral community partnerships can prevent 970 premature deaths over 20 years.

- **ENSURE SCIENTIFICALLY SOUND, DATA-SUPPORTED, COMMUNITY-INFORMED PUBLIC HEALTH PRACTICE**

- ◇ Strengthen the collection of timely and actionable public health data by investing in modern, efficient, and interoperable information technology that equips all levels of government to collect, analyze, and share data disaggregated by race, ethnicity, and other key characteristics.\*
  - A [2024 Pew analysis](#) describes the shortcomings of current public health data reporting practices, strategies to strengthen the practice, and why sharing information across sectors and within government is important.

\* Adapted from the Bipartisan Policy Center’s report, [Public Health Forward: Modernizing the U.S. Public Health System](#).

## • ENSURE A DIVERSE, HEALTHY, AND RESOURCED PUBLIC HEALTH WORKFORCE

- ◇ Create pathways for both new and seasoned professionals to enter the public health workforce across a diversity of academic, professional, and paraprofessional backgrounds.
  - *In 2022, the US Department of Health and Human Services awarded a total of **\$266 million** for community health worker training and scholarships for public health professional, graduate, degree, and/or certificate programs across a range of professions.*
- ◇ Ensure diversity among public health staff, which equips the workforce to adequately serve diverse communities.
  - *This [article](#) from the de Beaumont foundation describes why diversity is important in the public health workforce and offers recommendations for ensuring diversity, such as applying principles of Diversity, Equity, Inclusion, and Belonging to the recruiting process.*
- ◇ Prioritize staff well-being and address staff capacity issues to ensure staff can provide the essential services of public health.
  - *Health departments may use workforce grants for public health staff wellness, trauma support, and Employee Assistance Programs to position staff well-being as critical infrastructure.*

## Examples of Organizations Working on Transforming and Defending the Field of Public Health

We invite you to develop accountable relationships with other health sector organizations nationally and in your local jurisdictions to jointly advance shared goals of public health systems transformation. Examples include\*:

- Defend Public Health
- HealthBegins
- National Nurses United
- Health and Power Organizing Project

## HIP Research and Resources

Please see [here](#) for HIP research and resources that focus on public health practice.

\* Organizations listed do not necessarily officially endorse this policy platform.

# Actions for Public Health Professionals



Public health professionals can take many actions to help advance the policy solutions shared in this Policy Platform. These actions are rooted in structural transformation, accountability to our community power-build organization (CPBO) partners, and the understanding that public health cannot remain neutral on issues of health equity and racial justice.

## **We have divided the actions into five distinct categories:**

- 1.** Build accountable relationships with community power-building organizations
- 2.** Bridge between social movements and other organizations or agencies working on health issues
- 3.** Change the narrative about what creates health
- 4.** Develop internal systems to support ongoing health equity, racial justice, and power-building work
- 5.** Leverage your public health expertise and credibility to advocate for policies and systems change

Each category contains multiple actions, each of which are applicable to any issue area – including and beyond the issue areas covered in this policy platform. We also note the sub-sector within public health that can take each action:

- **Governmental Public Health (GPH):** Public health agencies and leaders at the local, tribal, state, and federal levels
- **Non-Governmental Public Health (Non-GPH):** Nonprofits, professional associations, academia, and health philanthropy
- **Health Services and Healthcare:** Organizations and institutions that provide health services like prevention, diagnosis, and treatment to individuals

The written and unwritten rules of your workplace may shape what actions you can take. To address this, we note actions that individual public health practitioners can take outside the capacity of their employment. It is up to each person to evaluate what is possible for them. The action an individual is able to take also depends on their positional power – for instance, whether they are frontline staff, middle management, or director-level. People high on the organizational chart should leverage their power to take bold actions. For staff with less positional power, taking smaller actions and organizing internally to build collective power can start to shift what's possible for bigger actions in the future.

Finally, note that all actions speak to the [Three Faces of Power](#): 1) Organizing people and resources to influence decisions (visible power); 2) Building infrastructure to influence what's on the agenda (hidden power); and 3) Changing narratives and worldviews to shape what is possible (invisible power). Actions across all three faces of power are necessary in combination to advance health equity.

## 1. Build accountable relationships with community power building organizations

Action	GPH	Non-GPH	Health Services/ Healthcare	Individuals
Learn how CPBOs and social movement formations are different from other types of community based organizations, and get familiar with what CPBOs and social movement formations exist in your community.	X	X	X	X
Develop and deepen authentic relationships with community organizers and power building organizations in your jurisdiction, and learn how you can support their movements.	X	X	X	X
Host community events with organizers and advocates to center the voices most affected, build accountability, and understand solutions.	X	X	X	
Share data with organizers and advocates – and include robust privacy protections for anyone involved.	X	X	X	
Create and sustain accountability mechanisms. This can include having clear goals, activities, and a timeline; practices on data sharing and stewardship; financial oversight; and a way of reporting back to communities, partners, and the public, such as a community advisory board.	X	X	X	
Provide funding resources to CPBOs advancing transformative solutions.	X	X		

## 2. Bridge between social movements and other organizations or agencies working on health issues

Action	GPH	Non-GPH	Health Services/ Healthcare	Individuals
Serve as a bridge between social movement organizations – who are already doing the work of reimagining structures and policies – to others who are working on health issues. Drawing from your accountable relationships with CPBOs, translate and disseminate their ideas/frameworks, provide introductions, and convene meetings to build relationships.	X	X	X	X
Identify which governmental agencies are targets or strategic priorities for the CPBOs you have accountable relationships with, and build relationships within those agencies.	X	X	X	
Build authentic relationships within the public health field, across governmental and nongovernmental sectors.	X	X	X	
Convene partners in a Health in All Policies approach. This may include CPBOs, government partners, decision makers, and people most impacted by issues you seek to address.	X	X	X	

### 3. Change the narrative about what creates health

Action	GPH	Non-GPH	Health Services/ Healthcare	Individuals
Build and advance a transformative narrative about health, racial equity, inclusion, and justice.	X	X	X	X
Intervene on harmful narratives that hurt health equity and racial justice.	X	X	X	X
Create or update staff training materials to focus on the root causes of what shapes health and inequities.	X	X	X	
Use public platforms like media releases, published briefs, and talking points to shift narratives about what creates health.	X	X	X	
Normalize using public health framing to advocate for issues that are often not considered to be "health issues."	X	X	X	X

## 4. Develop internal systems to support ongoing health equity, racial justice, and power-building work

Action	GPH	Non-GPH	Health Services/ Healthcare	Individuals
Deepen your and your peers' understanding about structural issues. Examples include brown bag lunches, learning workgroups, trainings, and group dialogues.	X	X	X	X
Create internal working groups and build key health equity and racial justice issue areas into health department programs, such as agency needs assessments.	X			
Get clear on your legal and institutional authority, and identify creative ways to use your power.	X	X	X	
Develop your agency's policy engagement process: identify who is able to represent the agency with elected officials and legislators, and create a process for identifying how the agency can weigh in on a broader set of health equity and racial justice policies.	X	X	X	
Increase transparency about spending, data collection and organizational priorities.	X	X		
Advocate to make structural health issues (like police killings or workplace violations) a "notifiable condition" so that the health commissioner keeps track of it, and is responsible for making data public.	X			
Promote health agency policies to provide services to all people, and to ensure all people understand that they are welcome at the agency.	X	X	X	
Use data and evidence (including community expertise and testimony) to guide policy and program decisions, respond to emergencies, and drive equity.	X	X	X	
Build buy-in with agency leadership and policymakers about the importance of power building and structural solutions.	X	X	X	

## 5. Leverage your public health expertise and credibility to advocate for policies and systems change

Action	GPH	Non-GPH	Health Services/ Healthcare	Individuals
Call your representatives to voice your opinion on issues and policies that impact health and racial justice.				X
Join advocacy groups and coalitions working on issues that impact your community, and/or intersect with your area of work.	X	X	X	X
Sign onto and amplify letters calling for budgets and policy changes that promote health and racial justice.	X	X	X	X
Testify during hearings and submit public comment in support of policies and budgets that support health and safety, or in opposition to those that will not.	X	X	X	
Submit op-eds to local and national newspapers naming the health impacts of structural issues and recommending policy changes supported by community organizers that address the root of the problem.	X	X	X	X
Move away from neutrality: include clear calls to action in all your work, and publish statements supporting or opposing proposed policies. Base your arguments in public health evidence.	X	X	X	X
Conduct and/or disseminate research and evaluation findings in partnership with community power building organizations to support their policy campaigns.	X	X	X	X
Introduce, support, and implement policies and budgets that align with health, equity, and racial justice priorities. This can include both administrative and legislative policies.	X	X	X	
Advocate for the ways in which you want to see local and state government showing up for communities.	X	X	X	X

# Relevant HIP Resources

HIP offers many resources to support public health practitioners in deepening their health equity and racial justice work. We invite you to explore the following resources, which are specifically geared toward the field of public health taking action. You can also access HIP's full resource library [here](#).

- [Health Equity Guide](#): A comprehensive resource for public health departments and practitioners to plan and implement health equity and racial justice work.
- [The Five Dimensions Guide](#) and accompanying [toolkit](#): A comprehensive guide for public health and social movements to build powerful partnerships.
- [Resources for Collaboration and Power Sharing Between Government Agencies and Community Power-Building Organizations](#): A resource to guide health departments through the why and how of partnering with Community Power-Building Organizations (CPBOs) to advance health equity, via four guides with activities to build capacity and lay the groundwork for power sharing partnerships.
- [Activities to Deepen Your Power-Building Analysis](#): A suite of resources and activities designed for governmental health departments and agencies to dive into power.
- [HIP Research Code of Ethics](#): A guide for practicing research that is responsible, equitable, and just.
- [Mobilizing for Action through Planning and Partnerships \(MAPP\) Assessment Tools](#): Three community health assessment tools for local health departments and others to use during Community Health Improvement processes.
- [How Health Departments Can Address Police Violence As a Public Health Issue](#): A resource with five recommendations and specific actions for health departments to take to help end police violence.
- [Immigration Justice Action Guide and Talking Points](#): Resources to support public health workers in protecting immigrant rights and promoting immigration justice.

- [Liberation is Essential: Leveraging Governmental Public Health Tools to Address the Harms of the Criminal Legal System](#): Examples of how local, state, and territorial health departments can use the 10 Essential Public Health Services to support abolitionist visions and campaigns.
- [Housing and Health for All: A Research and Communications Toolkit for COVID-19 and Beyond](#): This toolkit distills public health research into talking points and data access guidance that housing and health advocates can easily plug into their campaigns or communications.
- [The Health Benefits of Rent Control: A Policy Brief for Public Health Practitioners](#): A paper that discusses the roles public health practitioners and organizations can play in advancing rent control.
- [The Root Cause Test: A Public Health Guide for Transformative Housing Solutions](#): A guide to help health organizations assess whether a given proposal will help transform and shift power to meaningfully advance housing justice and health equity.
- [Transformative Economic Security Narrative](#): A resource that offers a transformative narrative of economic justice and health, and includes calls to action for public health workers.