GOVERNMENT ACCOMPANIMENT IN THE UNITED STATES

Strengthening the public health workforce during COVID-19 response and recovery

Partners In Health
UNITED STATES

August 2024

Executive Summary

Since launching in 2020 to support governments and community leaders around the United States with equitable responses to the COVID-19 pandemic, Partners In Health United States (PIH-US) has incorporated a similar model of government partnership that uniquely characterizes PIH's global work, and centers the ownership, dignity, autonomy and aspirations of governments being served: **government accompaniment.**

This case study illustrates PIH-US' government accompaniment approach in action through the lens of public sector workforce strategy. In four PIH-US sites (Newark, New Jersey; New Bedford, Massachusetts; North Carolina; and Pima County, Arizona), PIH-US site teams supported health department partners to design workforce strategies; hire, onboard, and train staff; fund, implement, and evaluate workforce programming; and infuse data and equity into workforce-related decision-making.

While several enablers contributed to effective partnerships, the concept of ***pragmatic solidarity*** was most prominent: in each of these sites, PIH-US' role and relationship with government partners evolved over time, typically beginning with "gap-filling" concrete actions to address acute needs during the emergency response, and then evolving and expanding to encompass bigger-picture, more strategic planning and collaborative activities to address upstream drivers of equity. PIH-US believes that the government accompaniment approach, along with collective action and aligned advocacy, is a powerful tool to bolster public health departments' ability to effect meaningful systemic change and advance health equity in communities around the U.S.

COVER: A joint PIH-US/NBHD staff meeting at the Health Department office in New Bedford, Massachusetts on July 28, 2022. From left, clockwise: Solange Anderson, Community Outreach Liaison, NBHD; Rosa Matos, Assistant Project Manager / Contact Tracing Liaison, NBHD; Marlene Cerritos-Rivas, Project Lead, PIH-US; Stephanie Sloan, Assistant Director, NBHD; Melissa Mazzeo, Senior Project Lead, PIH-US; Liza Rebello, Public Health Nursing Director, NBHD; and Rachel Eckenreiter, Program Coordinator, NBHD. *Photo by Zack DeClerck / PIH*

1. Background on PIH and the government accompaniment approach

Partners In Health (PIH) is a nonprofit social justice organization striving to make health care a human right for all people, starting with those who need it most. PIH was founded more than 30 years ago in Haiti and now works in 11 countries around the world (Haiti, Peru, Rwanda, Mexico, Sierra Leone, Liberia, Malawi, Lesotho, Kazakhstan, the Navajo Nation, and the United States), accompanying governments and communities to build stronger health systems and improve access to high quality care.

Accompaniment is the foundation of PIH's work around the world. Originally used to describe PIH's shoulder-to-shoulder approach to patient care in Haiti, accompaniment now infuses all dimensions of PIH's work and is at the center of PIH's theory of change. It is a core value and philosophical approach that PIH brings to all aspects of its work, including government partnerships.

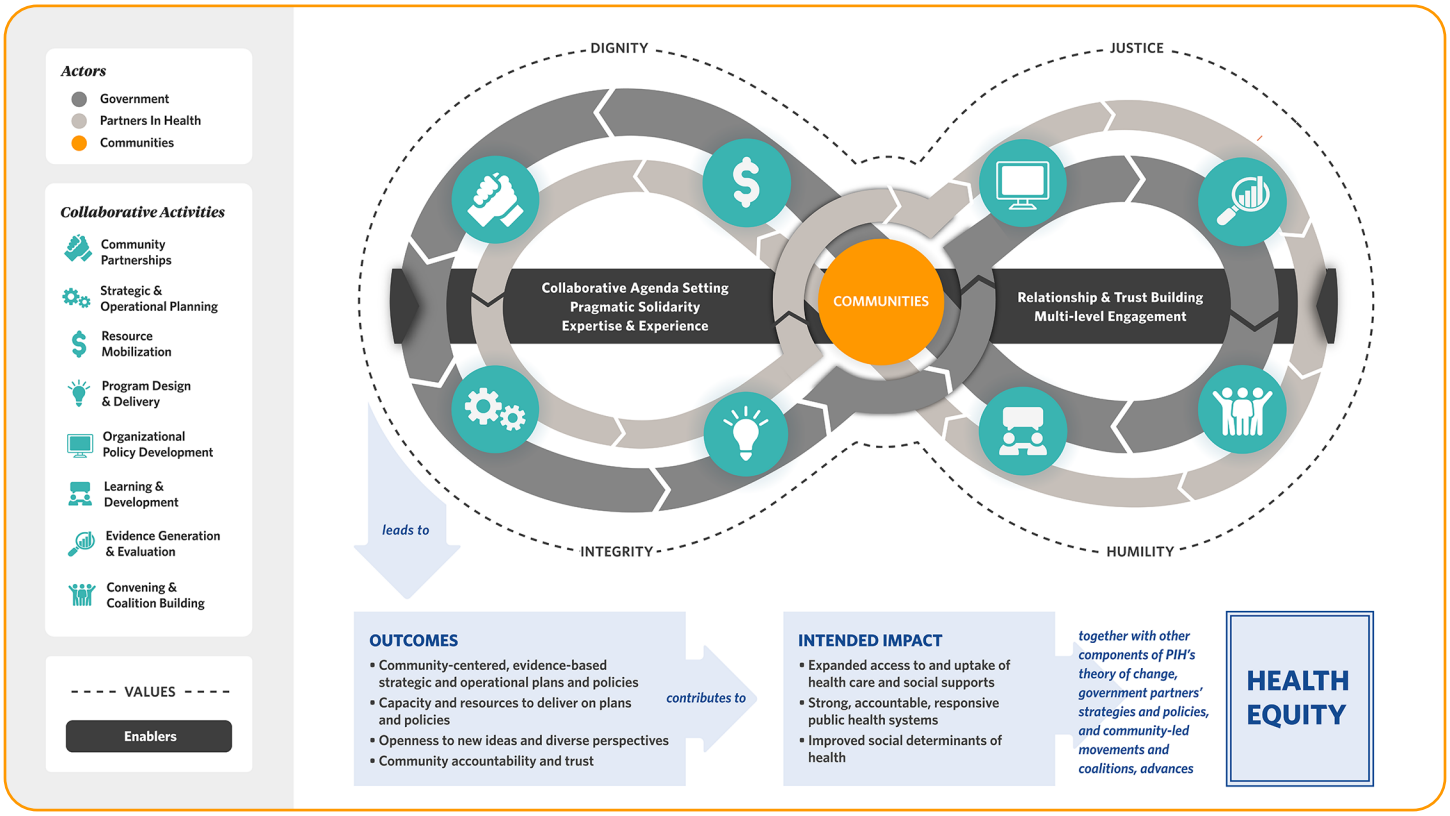
PIH believes that health is a human right, and governments are crucial partners to advance PIH's mission to address health disparities to build stronger, more resilient and more equitable health systems.
Government accompaniment defines PIH's approach to government partnership. It is an open-ended, non-linear process of sustained relationship-building and collaboration with government agencies and leaders. It is deeply human-centered and requires a mix of technical expertise, compassion, and pragmatic solidarity. PIH's government accompaniment approach is a powerful paradigm shift away from traditional technical advising or consulting approaches; accompaniment centers the ownership, dignity, autonomy and aspirations of the governments being accompanied. It is focused on long-term systems strengthening and capacity building.

Government accompaniment plays a uniquely critical role in PIH's work in the U.S. Unlike other countries where PIH works, the U.S. lacks a unified national health system, and the majority of healthcare delivery and financing is privatized. Despite the U.S. spending more on health care than any other high-income country, health outcomes consistently lag behind those of its peers. Racial health inequities are pronounced and persistent. Black, Hispanic, and American Indian or Alaska Native people fare worse than their white counterparts across the vast majority of health indicators in the U.S. Decades of disinvestment and systemic racism limit social and economic opportunities, affecting families' and communities' access to crucial resources and limiting the ability to achieve the highest level of health.

Only 20% of health outcomes in the U.S. are driven by direct clinical care.[1] While health care systems are important, social drivers within communities have a far greater impact on health outcomes. PIH-US helps support and strengthen community-centered public health infrastructure, including local, regional, and state health departments. The accompaniment approach is a key component of this support.

The framework below represents common, shared aspects of PIH's approach to government accompaniment in the U.S. The framework describes six core components of government accompaniment:

THE PIH-US GOVERNMENT ACCOMPANIMENT FRAMEWORK



- ***Actors:*** The institutions and individuals taking action and leading activities.
- ***Values:*** The core beliefs and commitments that continuously guide both PIH and government partners.
- ***Collaborative Activities:*** Work or actions that PIH and government partners undertake together.
- ***Enablers:*** Factors or conditions necessary to facilitate a desired change or outcome or to drive effective collaboration.
- ***Outcomes:*** The results achieved from collaborative activities; these can be changes in individuals, systems, policies, or institutions.
- ***Intended Impact:*** The medium and longer-term changes that, in concert with other factors, address social injustice and advance health equity.

This case study describes this approach in action at four of PIH-US' sites: Newark, NJ; New Bedford, MA; North Carolina; and Pima County, AZ. It is part of a series of case studies profiling PIH's government accompaniment work; others include Peru and Malawi. Specifically, the case studies explore the enablers within the framework.

- ***Collaborative Agenda Setting:*** We are committed to the government's vision. We jointly develop our strategic and implementation plans with our government partners, and prioritize open communication, collaboration, and shared decision-making.
- ***Pragmatic Solidarity:*** Our work is practical and action-oriented: while we work to address upstream drivers of inequity and aspire to transformative systems-change, we also take concrete actions to move material resources and address immediate needs in our communities, today.
- ***Expertise & Experience:*** We bring diverse operational, clinical, and policy expertise and lived experience to the table, which enables technically rigorous and practically grounded approaches to problem solving.
- ***Relationship & Trust Building:*** We prioritize building and maintaining strong relationships with communities, change-makers, and leaders.
- ***Multi-level Engagement:*** Engaging at multiple levels of government is essential, including local, regional and national governments; across different departments or divisions, and across different specialties and seniorities.

Though multiple enablers were core to government accompaniment in each site, one primary enabler is specifically highlighted for each. An additional enabler—pragmatic solidarity—emerged as a consistent feature of PIH-US' approach and impact across all four partnerships. As it is clearly representative of PIH-US' strategic approach to government accompaniment, pragmatic solidarity will be discussed in more detail later in this case study.

2. Supporting public health workforce strategy in the U.S.

PIH-US was initially launched in 2020 as a COVID-19 emergency response initiative, and in 2021 became a long-term program of Partners In Health, working to advance PIH's mission in the United States. PIH-US employs two core approaches to driving change: working in communities to advance health equity through local programs and services and advocating to drive policy and systems change and strengthen the movement for the right to health.

This case study highlights PIH-US' accompaniment of state and local public health departments to advance public health workforce strategy. To move the needle towards health equity in the U.S. and actualize a future in which health is a human right and not a privilege, PIH-US firmly recognizes the crucial role of the public health workforce. The public health workforce is broadly defined to include all who are engaged in work that creates the conditions within which people can be healthy. This case study focuses specifically on those directly employed by the public sector (i.e., health department staff).

PIH-US Accompaniment in action: Supporting the public health workforce

 **NEWARK, NEW JERSEY**	**Strengthening workforce capacity for equity-centered data and informatics** ***Relevant enabler:*** Expertise & Experience
 **NEW BEDFORD, MASSACHUSETTS**	**Building data and community health capacity** ***Relevant enabler:*** Collaborative Agenda Setting
 **NORTH CAROLINA**	**Building a robust statewide CHW infrastructure** ***Relevant enabler:*** Trust & Relationship Building
 **PIMA COUNTY, ARIZONA**	**Intentionally infusing equity into the workforce** ***Relevant enabler:*** Multi-level Engagement

2.1 Newark, New Jersey

Background on PIH-US in Newark

PIH-US began collaborating with partners in Newark in April 2020 on the city's COVID-19 response, initially working with the Newark Alliance and the City of Newark to scale up contact tracing across the city. PIH-US also supported the Newark Department of Health and Community Wellness (DHCW) to manage the contact tracing workforce by clarifying roles and writing job descriptions; designing workflows, management systems, and triage processes; developing trainings; and conducting analyses to support staffing decisions. PIH-US developed a close advisory partnership with DHCW on several specialized initiatives, including workforce modeling and development, COVID-19 testing, care resource coordination, school reopening, vaccine access, and the development of an epidemic intelligence unit. PIH-US also took on more general scopes of work aimed at building operational response capacity within DHCW, strengthening strategic planning capacity, and supporting professional development and leadership growth for managers.

PIH-US' partnership with DHCW later shifted to focus more broadly on advancing health equity across the city. This phase of partnership included a focus on many of DHCW's core priorities, including strengthening informatics systems and capacity to improve data for decision-making and supporting expanded access to primary health care and community health support.

Accompaniment in action: Strengthening workforce capacity for equity-centered data and informatics

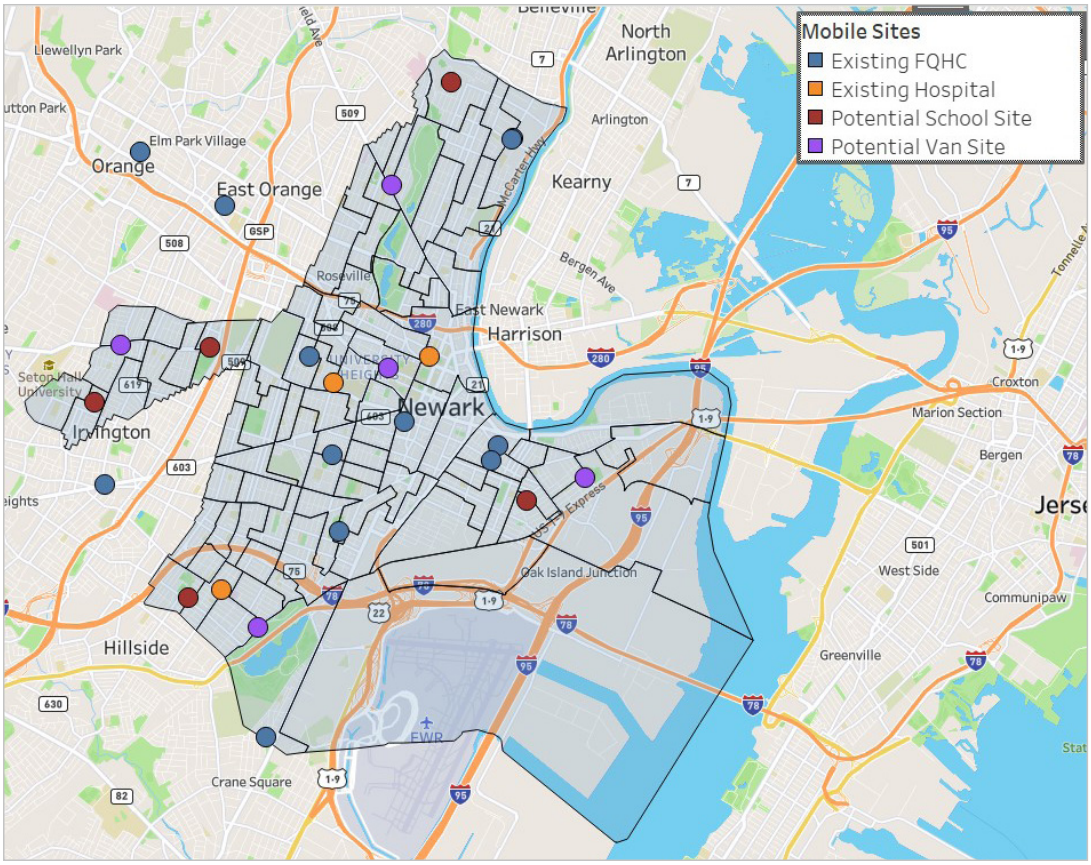
PIH-US' engagement and expertise has, in part, supported DHCW to increasingly and effectively leverage data and informatics to inform decisions, expanding their capacity to center equity in activities and programs.

- **COVID-19 data management and use:** PIH-US' focus on data management began during the early COVID-19 work, when DCHW and PIH-US mutually identified this as a key area of need. PIH-US team members seconded to DHCW developed a data plan, obtained and analyzed raw data, set up key performance indicators (KPIs), supported the development of a COVID-19 dashboard, and onboarded an epidemiologist. This work extended into specific programs and initiatives that leveraged data to enable DHCW to design and target

COVID-19 programming to Newarkers who need it most. By jumping into initial data work during a time when it was urgently needed, then establishing systems that enabled new DCHW hires to carry that work forward themselves, PIH-US' early data management efforts laid a foundation for strengthening internal workforce capacity in the longer term.

- **Mobile van strategy:** PIH-US and DHCW expanded their collaboration into primary healthcare transformation by creating a data-driven strategy for the launch of mobile health vans. This was a project that DHCW had already been planning to launch; PIH-US' support provided the additional capacity needed to put planning into action and develop tools for DHCW staff to manage it going forward. DHCW is extending the services provided by its federally qualified health center (FQHC) through school-based sites and through mobile vans, that will rotate locations to reach higher-risk communities and locales with targeted services. PIH-US staff have supported development of this program by conducting desk research on best practices, designing financial models, and providing extensive data visualization support to identify gaps in medical resources, develop scorecards at the census tract level, and ultimately inform decisions on mobile van placement and outreach activities.
- **Data audit and building of data analytics capacity and infrastructure:** PIH-US' support of the mobile van project sparked more data analysis requests and a commitment to further developing health informatics capacity within the department. PIH-US' staff capacity in key data visualization programs such as Tableau provided an avenue to actualize these data requests. A significant amount of equity-related data already existed for the city, but was often scattered across dozens of different sources, formats, and levels of disaggregation. To make this data more usable, PIH-US conducted a comprehensive review of available, relevant, and actionable health and social outcomes data. The team then collated and transformed the disparate datasets into a dynamic and intuitive Tableau dashboard for community leaders and health department officials to employ for strategic planning. In addition to directly building the dashboard, PIH-US prioritized skill-sharing and capacity building within the city. The team trained staff at DHCW and the FQHC to use the dashboard, which has led to expanded uses beyond its original purpose, including a mapping of green spaces within the city and their correlation to health outcomes. PIH-US' work provided DHCW with tangible examples of the value of data and informatics to directly

inform decision-making. PIH-US also supported a successful DHCW application to unlock $3.8M in funding to build a software stack and staff capacity for an in-house analytics function and helped design a job description for an in-house data administrator that will be funded through this grant. This position was filled in late 2023, and with PIH-US' support, the new hire has conducted an infrastructure analysis of DHCW's IT capacity, which will inform planning to improve and integrate their internal systems.



A screenshot of the dynamic and intuitive Tableau dashboard of health and social outcomes data in Newark for community leaders and health department officials to employ for strategic planning.

Featured enabler of success | **EXPERTISE & EXPERIENCE**

PIH-US prioritized deploying expertise in data visualization, modeling, research, and data coordination to support DHCW, and rapidly developed new knowledge and skills as needed, including learning new languages, tools and software to provide and present the highest quality analysis possible. As the health department had limited visibility and access to data within certain communities, PIH-US' accompaniment and training around data informatics bolstered DHCW's data capacity, to address immediate challenges as well as build development plans for the future. PIH-US provided direct support in the short term, and then ensured that DHCW and other staff were equipped to carry key work forward internally. Strengthened data informatics capacity will continue to be a critical resource for the health department and will increase their understanding about the evolving needs and challenges within the Newark community and where resources need to be targeted.

2.2 New Bedford, Massachusetts

Background on PIH-US in New Bedford

In New Bedford, PIH-US has supported the New Bedford Health Department (NBHD) with workforce-related activities ranging from temporary staffing support to capacity building to longer-term strategic planning. When the NBHD partnership began in early 2021, PIH-US hired, at the department's request, a four-person team of specialists in community outreach, contact tracing, health equity, and data analysis. Since then, these skill sets have largely been absorbed into NBHD, either by their direct hiring of the original PIH-US staff, training of NBHD staff on new topics, and crafting new roles within NBHD.

PIH-US collaborates with the New Bedford Health Department to vaccinate people against COVID-19 in New Bedford, MA. *Photo by Zack DeClerck / PIH*

Accompaniment in action: Building data and community health capacity at the New Bedford Health Department

- **Vaccine strategy:** PIH-US embedded an epidemiologist/data analyst within NBHD for the first two years of its collaboration in New Bedford. During the early days of the city's COVID-19 vaccination campaigns, PIH-US provided planning and management support to reduce barriers to vaccine access and drive uptake, particularly in marginalized communities. NBHD, PIH-US, and other community organizations co-designed a hyper-local "block-by-block" vaccination strategy that deployed mobile vaccine clinics and hired trusted messengers to canvass high-need neighborhoods and accompany residents to get vaccinated. PIH-US staff helped to design the vaccine clinic operations, processes, and staffing models; created culturally sensitive and multilingual promotional materials; and identified clinic locations through analysis of social vulnerability indices by census tract, vaccination coverage by block, and access to transportation. Over a two-month period, New Bedford saw a three-fold increase in vaccine demand and reduced the gap in first doses administered per capita between Latine and white residents by half.
- **Internal data tools:** PIH-US accompanied NBHD as it developed tools, resources, and materials to improve internal health department structures and processes. Alongside the Environmental Health Director, the PIH-US epidemiologist helped standardize health inspector evaluation tools and created KPIs for evaluating inspectors' workloads and performance. Additionally, PIH-US helped develop Standard Operating Procedures (SOPs) throughout the department, including an SOP for data analysis to encourage the use of data in decision-making and improve the consistency of presentation materials used across NBHD staff. During the post-pandemic re-establishment of the NBHD Nursing Division's pediatric immunization clinics with local schools which targeted new-to-country students who may not be up to date on vaccinations, the PIH-US epidemiologist provided input on SOPs and clinic tools.

- **Health disparities analysis:** The PIH-US epidemiologist supported NBHD staff to conduct a health disparities analysis in New Bedford documenting the impact of race and ethnicity on health outcomes, beginning with mortality. As a result of NBHD's increased capacity, they were able to conduct more locally tailored and equity-centered analysis than ever before—for example, impacts on discrete racial and ethnic groups, like Cape Verdeans and Portuguese Americans, have been parsed out for the first time. The PIH-US team conducted this analysis collaboratively with NBHD staff members and helped automate future analysis. With PIH-US' support, NBHD will take over future iterations of the mortality analysis work with increased internal data analysis capabilities. Overall, the partnership advanced efforts to embed equitable data systems within NBHD to improve community health. The PIH-US epidemiologist role concluded in early 2023; rather than seeking further support from PIH-US in this area, NBHD opted to incorporate this core analytics work into its internal staff capacity and has continued to utilize many of the tools and processes the epidemiologist helped to develop.
- **Community health workforce:** In late 2021, PIH-US and NBHD collaboratively transitioned two of the initial PIH-US hires to full-time, permanent NBHD staff. Their first role within NBHD was as COVID-19 contact tracers, in alignment with a grant from the Massachusetts Department of Public Health (MDPH) that funded these new internal roles. However, NBHD saw a clear opportunity for them to provide a wider range of services beyond contact tracing and broadened their roles to become community health workers (CHWs) while still conducting the contact tracing required by the grant. Ultimately, three people (the two who transferred from PIH-US to NBHD along with an additional new hire) were certified as full-time, permanent internal CHWs. Two are bilingual (Cape Verdean Creole/English and Portuguese/English), while the third is quadrilingual (Cape Verdean Creole, Portuguese, Spanish, and English); this has vastly broadened NBHD's internal language capacity. CHWs regularly attend community events on behalf of NBHD, increasing awareness of and familiarity with its services.

Featured enabler of success | **COLLABORATIVE AGENDA SETTING**

Shared values have helped foster successful collaboration between PIH-US and NBHD. Both organizations believe in the importance of community-led, data-informed, equity-centered programs and services. With a common vision of what public health can and should look like, PIH-US and NBHD have been able to collectively design and operationalize strategic agendas and work plans for achieving that vision. NBHD is prioritizing the use of data (with an equity lens) in its strategic goals moving forward. It plans to build upon and expand the health disparities analysis beyond the initial indicator of mortality. Beyond the work of NBHD itself, PIH-US and NBHD are continuing to collaborate on setting health equity goals and priorities and advocating for policy change to achieve them through the Health Equity Community of Practice (HECoP), a convening of representatives of several sectors and populations within the city that defines and advances citywide health equity priorities. The HECoP represents another example of collaborative agenda setting in that priorities are defined by community members through a collective process and advanced through policy-focused subcommittees supported by NBHD, PIH-US, and other partners.

Another aspect of the collaborative agenda setting enabler is demonstrated by PIH-US' evolving role in New Bedford over the past four years. PIH-US first began working in New Bedford with specific ideas and perspectives in response to the acute, COVID-19-related needs at the time. As NBHD's priorities and strategic direction have shifted over the years, so too have PIH-US' approach and areas of expertise: namely, away from operations and data analysis and towards more collaborative infrastructure and policy development.

2.3 North Carolina

Background on PIH-US in North Carolina

Beginning in May 2020, PIH-US has served as a strategic thought partner and advisor to the North Carolina Department of Health and Human Services (NCDHHS), other public health implementers, and community-based organizations to ensure equity was centered in every aspect of the state's COVID-19 response: testing, contact tracing, care resource coordination, and vaccine rollout. PIH-US helped shape state-level guidance to local health departments, and provided subject matter expertise to launch, expand, and adapt the COVID-19 workforce, including a robust care resource coordination system that partnered with CHWs to connect individuals to basic supports like food, medicine, and financial relief so they could safely quarantine and isolate.

Moving beyond COVID-19, PIH-US has accompanied NCDHHS, the North Carolina Community Health Worker Association (NCCHWA), and other community-based organizations to implement CHW programming consistent with the state's commitment to promoting "Whole Person Health," a plan to address both medical and non-medical drivers of health. In line with this commitment, the state previously adopted a Medicaid 1115 waiver transitioning to Medicaid-managed care and opening opportunities to address social determinants of health, later expanding Medicaid in December 2023, increasing eligibility to an additional 600,000 people in North Carolina. In line with this vision, the PIH-US/NCDHHS collaboration includes building a movement to grow and advance the CHW workforce and integrate CHWs into health and social care systems. The ultimate goal is to build statewide CHW infrastructure that is led by CHWs and advances the recognition and elevation of CHWs as essential, professional, and highly capable members of the healthcare and social service workforce that advance health equity across the state.

Accompaniment in action: Supporting the state to build a robust CHW infrastructure

- **COVID-19 response:** PIH-US provided technical advising and assistance to NCDHHS Office of Rural Health (ORH) to launch and evolve the COVID-19 CHW Program from 2020-2022. Due to prior convening and planning efforts led by NCDHHS, the state was well-positioned to invest in and mobilize CHWs during the pandemic to augment the equity response. Early in the program, PIH-US conducted data analysis that supported further investment and expansion by NCDHHS. PIH-US staff often functioned as an extension of the NCDHHS team, supporting strategy development, project management, technical assistance, data analysis and visualization. NCDHHS-contracted organizations employed over 700 CHWs and reached over 3 million people with health education, access to COVID-19 vaccination, and resource coordination to meet social needs.
- **Resource mobilization:** In 2021, PIH-US provided tailored support to NCDHHS to identify, apply for, and launch a $9M three-year grant from the Centers for Disease Control and Prevention (CDC) to develop more robust systems for CHW training, certification, and integration. This grant, Community Health Workers for COVID Response and Resilient Communities (CCR), funded 67 organizations across the country for three years (2021-2024). PIH-US' support in convening of grant partners, grant writing, and project management were critical elements of success in funding the infrastructure development for North Carolina's statewide CHW Initiative.
- **Grant implementation:** Due to the complex scope of the grant and extensive CDC reporting requirements, PIH-US' accompaniment of NCDHHS ORH was crucial to the organization and project management of the award. An expanded PIH-US team oversaw project management of the grant launch, which included providing one-on-one technical assistance to NCDHHS and additional grant partners to develop a grant log frame and workplan, drafting a CDC Evaluation Performance Measurement Plan, and organizing a grant reporting structure. PIH-US supported development of job descriptions, onboarding, and transition of responsibilities to NCDHHS staff over the course of grant implementation.

Featured enabler of success | **RELATIONSHIP & TRUST BUILDING**

During its early COVID-19 work with NCDHHS, PIH-US leaned in where needed to support an equity-based pandemic response, share PIH-US' cross-site resources, and build relationship capital with government partners. This commitment—in which PIH-US demonstrated an ability to support NCDHHS where needed and requested—laid a foundation for a trusting relationship between PIH-US and the government and positioned PIH-US to actively participate in strategic discussions.

Later, PIH-US brought the CDC grant opportunity to the attention of the state and served as the primary catalyst in applying for the award. This engagement was possible because NCDHHS had confidence in PIH's trustworthiness, commitment, and skillsets. During grant planning, writing, and launch, the state's trust in PIH-US was shown through the progression of the relationship, from casual connection to neutral convener to contracted partner. This increasing trust positioned PIH-US to further build relationships with a large coalition of NCDHHS partners within the CHW Initiative and inform accountability measures within the grant.

The quarterly in-person meeting between the PIH-US North Carolina and North Carolina Office of Rural Health teams that occurred on February 6-7, 2023. The two teams discussed CHW initiatives and sustainability activities. *Photo courtesy of Nicolle Miller / PIH-US*

2.4 Pima County, Arizona

Background on PIH-US in Pima County

PIH-US began its partnership in Pima County in June 2020, working with the Pima County Health Department (PCHD) to advance equitable public health programming, beginning with the COVID-19 response. With just over one million residents, Pima County includes major urban areas such as Tucson and sovereign nations of the Tohono O'odham and Pascua Yaqui Tribes. Many marginalized communities in Pima County lack reliable access to high-quality, culturally relevant health care and social supports.

The early partnership between PIH-US and PCHD was grounded in a shared long-term commitment to health equity: In response to the pandemic, the partners collaboratively stood up COVID-19 contact tracing and case investigation programs, integrated social support referral services into clinical care and outreach activities, and developed data-driven strategic and operational guidance, with a focused effort to assure accountability and reach the county's most vulnerable people.

Members of PIH-US and PCHD co-presented at APHA 2022. Left to right: Matt Christenberry, Epidemiology Intelligence Unit Program Manager, PCHD; CR English, PIH-US; Dr. Sara Selig, PIH-US; Amanda Monroy, Manager of the Office of Policy Resilience and Equity, PCHD; and Dr. Theresa Cullen, Director, PCHD. *Photo courtesy of CR English / PIH*

After establishing the foundation of this partnership in the early months of the COVID-19 pandemic, PIH-US and PCHD turned their focus to weaving health equity into the fabric of the functions and structure of their organization. This long-term approach requires intentional systems-building, workforce development, and engagement at all levels of the health department.

Accompaniment in action: Intentionally centering equity in PCHD workforce planning and development

As a trusted advisor and strategic partner to PCHD, PIH-US supports efforts to ensure PCHD has the staffing and management mechanisms in place to operationalize the department's equity goals. A well-staffed, governed, and managed public health department not only serves to restore trust in public health, but also ensures a healthier community. The PIH-US/PCHD collaboration includes assistance to establish new cross-sectoral teams to drive more coordinated health equity programs, increase community engagement, and expand access to primary care and social support services—all with the goal to improve equity and increase opportunity for all.

PIH-US has supported PCHD in its efforts to more intentionally lead with an equity focus in workforce development and continually prioritize community engagement. PIH-US teams have advocated for and helped structure specific roles and departments focused on making progress towards health equity, drafted job descriptions and work plans, and advised and mentored new staff members within the health department. Several examples of this work are explored below in detail:

- ***Tribal Liaison:*** PIH-US advised on the creation of a full-time Tribal Liaison role at PCHD—one of only a few of its type in the U.S., and Arizona's first-ever Tribal Liaison at a local health department. This position is critically important for strengthening ongoing collaboration between PCHD, the Tribal Nations, and the Tucson Indian Center (TIC), which serves American Indian community members in the urban setting. The candidate hired for this role, a member of the Pascua Yaqui Tribe, started in October 2023 and now serves as a critical link between PCHD and the area's tribes, setting a precedent for effectively bringing tribal representatives to the table and strengthening partner relationships. An initial area of focus for the Tribal Liaison is on data sovereignty, a growing area of collaborative partnership and a key strategy to measuring change in health equity.

- ***Office of Policy, Resiliency, and Equity:*** As a part of the launch of this new office within PCHD, PIH-US worked closely with the Health Equity Program Manager to design and implement a Health Equity Program Plan and build a new Public Health Policy Program. PIH-US has been supporting the office to build a team, develop a multi-year strategic plan, draft job descriptions, and identify core areas of focus.
- ***Community engagement:*** PIH-US provides thought partnership and accompaniment to the PCHD Community Engagement Manager, who is responsible for overseeing the CHNA and CHIP initiatives, both essential to ensuring that community members are involved in shaping responsive and equitable programming. PIH-US helps the manager navigate the multiple teams, programs, committees, and departments within PCHD, and build partnerships with external community organizations to break down siloes and unite stakeholders under the central mission of equity.

Featured enabler of success | **MULTI-LEVEL ENGAGEMENT**

PIH-US works at many levels of PCHD, accompanying a variety of staff from the highest leadership level to the implementation and project management level, offering guidance and support tailored to different roles and team dynamics. At the leadership level, the PIH-US team acts as a sounding board, strategic thought partner, and implementer to the PCHD Director. At program- and department-specific levels, the PIH-US team serves similar functions, while also supporting staff to execute specific deliverables and offering mentoring and training support whenever requested. This support involves close, frequent collaboration; PIH-US may meet with individual staff members multiple times per week and provide additional flexible ad hoc support as needed. PIH-US also often serves as a liaison and bridge between different levels within PCHD and among external partners. PIH-US' ability to tailor support to individual roles and people, as well as the flexibility to adapt as priorities shift, is essential. Engaging across multiple levels gives the PIH-US team a more holistic, systems-wide view that increases understanding of both the day-to-day realities of front-line staff as well as the political demands and strategic vision of leadership. Working across different levels of seniority, as well as horizontally across multiple teams, has allowed PIH-US to build bridges, make connections, and take action in ways that advance PCHD's priorities more quickly and effectively.

2.5 Pragmatic Solidarity: A cross-cutting enabler

Although each PIH-US team demonstrated use of multiple enablers in the examples highlighted above, one in particular stands out across all sites and merits additional discussion: ***pragmatic solidarity***. The consistency with which this enabler appeared across sites and partners makes clear that pragmatic solidarity—PIH-US' commitment to work that is practical and action-oriented—is a characteristic of the government accompaniment work that enables PIH-US to become effective. PIH-US concurrently works to address upstream drivers of inequity and aspire to transformative systems-change, while taking concrete actions to move material resources and address communities' immediate needs.

- **Newark:** PIH-US accompanied DHCW with data-related support during the acute COVID-19 crisis, remaining available, flexible, and responsive as needed by the department. This short-term ability to jump in and provide support and technical expertise to help achieve that goal (by doubling the department's IT capacity, for example), paired with the PIH-US' team long-term commitment to move resources and build long-enduring systems, strengthened the relationship.
- **New Bedford:** The PIH-US team temporarily filled gaps for NBHD when their staffing capacity was limited and focused primarily on the COVID-19 response. Because of PIH-US' ability to plug in whenever and wherever needed, NBHD was able to ensure that the city's most acute public health needs were being addressed and that basic services, like inspections and environmental health programming, were able to restart as rapidly as possible. PIH-US' ability to adapt to constantly changing needs increased its collective impact and built trust with NBHD.
- **North Carolina:** PIH-US helped government partners design and implement a CHW-led COVID-19 response strategy and spearheaded the process of identifying and applying for the CDC CCR grant. PIH-US' ability to be flexible and quickly shift their support to new areas and fill in as program designers, project managers, conveners, and grant writers allowed NCDHHS to win the grant to extend and expand upon statewide CHW programming.
- **Pima County:** The PIH-US style of shoulder-to-shoulder accompaniment—being present, willing, and nimble—enabled the team to quickly jump in and contribute however needed. This approach made clear how essential pragmatic solidarity is to successful collaboration on workforce development—and ultimately, to reinforcing equity skillsets, mindsets, and programming within the department.

PIH-US' teams have been willing to jump in and help wherever state and local health department partners needed support the most, regardless of whether a particular request or need was in the original scope of work, regardless of whether the ask was high-level strategic advice or support troubleshooting an operational challenge. This pragmatic solidarity demonstrated to PIH-US' government partners that the focus would remain on doing what needed to be done—and laid the groundwork for these relationships to grow and last beyond the initial acute COVID-19 response phase, into the longer-term and more systemic fight to achieve broader health equity.

PIH-US, CHWs, NCDHHS, and other partners who attended the Southeast Community Health Worker Network Summit in the Fall of 2023. CHWs who attended came from all over the state. *Photo courtesy of Nicolle Miller / PIH*

3. Addressing challenges and lessons learned

Government accompaniment is a complex, long-term process that typically has no pre-determined end point. Impacts are realized over time, and success is difficult to measure at any given point in time. As much as possible, clearly defining shared values and goals at the outset, as well as mutually committing to openness and willingness to shift focus based on feedback or shifting priorities, helps to ensure an effective partnership.

Still, challenges exist even within a well-functioning partnership. Some common challenges PIH-US has navigated in this public health workforce accompaniment work include:

3.1 Managing potential or perceived conflicts of interest between government accompaniment and advocacy

Advocating for systemic improvements through policy change to make the public health system more equitable is a core PIH-US priority. Government accompaniment and advocacy work require engaging with government stakeholders in different ways, and thus at times there can be tensions between the insider and outsider approaches to engagement. In some sites, PIH-US is involved in both accompanying government partners to design and implement programming, while also partnering with nongovernmental organizations who are advocating from the outside for policy change. In other words, sometimes PIH-US is simultaneously working within a government system while calling for changes to that same system, which is a delicate balance that could lead to perceived conflicts of interest. PIH-US navigates these complex dynamics with different partners by understanding how different relationships intersect and how to effectively provide strong, clear communication to avoid conflicts or tensions across partners. Depending on the circumstances, PIH-US also takes concrete measures, as needed, to establish boundaries around these different aspects of work to ensure that trust is not violated with any partners. For example, at times, PIH-US will create formal team structures and protocols to appropriately separate work that is done directly in support of government partners, and work related to advocacy campaigns with external organizations.

3.2 Serving as connector and bridgebuilder, rather than gatekeeper or extension agent

Because PIH-US teams are often also deeply engaged with community-based organizations and leaders outside of government, they build strong relationships with a range of partners. At times, there is a risk that PIH-US will maintain these relationships separately, rather than successfully integrating community partners and local government with one another. It is essential for PIH-US to prioritize its role as a connector and bridge-builder, and to remain focused on the fact that a key goal of the work is to help improve government/community relations by ensuring that government is reflective of the populations they serve and responsive to those communities' needs. Relatedly, PIH-US can run the risk of being viewed as a gatekeeper or extension of the government by community members that may be wary of government. Again, it is key for PIH-US to prioritize breaking down barriers on behalf of partners on both sides of the government/community spectrum, and to serve as a bridge-builder whenever possible.

3.3 Sustaining collaboration through key staffing transitions

Leadership and key staff changes within a health department or the PIH-US team can affect the accompaniment process. Because accompaniment is so deeply relationship-driven, staff transitions can lead to a setback in the relationship between the two institutions. One way PIH-US has responded to transitions is by remaining present and consistent as much as possible. When a health department leader departs, the PIH-US team shares institutional knowledge and fills gaps wherever needed; in some cases, the PIH-US team has had longer tenure than many employees at the health department and is therefore able to play a role in onboarding new staff and making introductions. A leadership change can also serve as an opportunity to revisit, and possibly restructure, the relationship to ensure that it remains effective and responsive to changing needs and priorities. The multilevel engagement enabler is especially relevant in these situations: Because PIH-US maintains deep relationships both vertically and horizontally, teams have been able to steward such transitions effectively and productively.

4. Vision for the future

PIH-US is committed to continually accompanying government partners as they lead the way and position the public health workforce to achieve maximum impact in the communities that need it most. As demonstrated in the case examples above, outside partners can play a critical role in accompanying governmental public health to strengthen and support the public health workforce to be as effective, equitable, and responsive as possible. PIH-US invites other non-profit, advisory, and community organizations to explore the principles of the government accompaniment approach, which creates opportunities for fellowship, advocacy, learning, and improvement.

Government accompaniment should include collaborative agenda setting, meaningful and sustained pragmatic solidarity, the transparent sharing of expertise and experience, and a commitment to building trust and deepening relationships across multiple levels. PIH-US believes that government accompaniment is an effective approach to support long-term capacity building, bolstering the ability of health departments to weather emergent challenges, and building systems to advance even more strategic and ambitious health equity work. Public health agencies and their partners seeking to adopt an accompaniment approach need to continually reflect both individually and collectively upon their shared impact in response to changing needs and evolve or renegotiate their work together accordingly.

Even while working collaboratively to respond to immediate needs and advance shorter-term goals, partners must remain focused on the systemic and structural issues that stand in opposition to long-term and equitable improvement to health and wellbeing and that often require sustained advocacy efforts to effect meaningful change. Health departments, community organizations, policymakers, and other groups working in public health or related spaces in the U.S. all have a key role in advocating for change in several key areas, including:

- **Public health workforce funding structures:** Funding for staffing should move increasingly away from grant-driven, project-based, short-term hiring, towards longer-term, sustained, adequate staffing.
- **Pay reform:** Public sector pay reform should be a key priority to ensure the public health workforce is fairly and adequately compensated, lessening burnout and turnover.

- **Diversity and language access:** Health department staff should reflect the communities they serve, speaking their languages and understanding their lived experiences and local context. The public health workforce must continue to become more diverse to effectively achieve its goals.

Many of these changes will require collective action and aligned advocacy at the federal and state levels. Organizations along with their government partners should leverage unique and diverse skill sets, perspectives, evidence bases, and strategic approaches to move the needle on these structural issues and others that will continue to emerge. At the same time, all organizations can work to advance systemic changes internally as much as possible, modeling what is possible and helping to foster collective advocacy case in the broader ecosystem.

PIH-US is committed to building on the lessons learned from our place-based programming and invites other organizations and partners to join and stand with us and our government partners in exploring an accompaniment approach to driving meaningful change in communities. We believe an accompaniment approach can enable actions large and small that push us all toward a healthier and more equitable society in service of the people who need it most.

A joint TIC / PIH-US / PCHD team meeting. From left: Tiffany Santa Maria, TIC; Dr. Sara Selig, PIH-US; Andres Portela, PCHD; CR English, PIH-US; Jacob Bernal, TIC; and Phoebe Cager, TIC. *Photo courtesy of CR Engish / PIH*

Endnotes

1 Hood, Carlyn M et al. "County Health Rankings: Relationships Between Determinant Factors and Health Outcomes." American journal of preventive medicine vol. 50,2 (2016): 129-35. doi:10.1016/j.amepre.2015.08.024. https://pubmed.ncbi.nlm.nih.gov/26526164/