

April 1, 2026

***Dear partners and friends,***

It has been a great privilege to build and lead PIH-US over the last six years. What began in 2020 as a COVID-19 emergency response initiative, grew into a vibrant network of health equity partnerships and advocacy campaigns that reached millions across the country.

In reflecting on the report that follows, I want to celebrate what we've achieved together, while also sitting with the difficult reality that in many ways, we are worse off as a country today than we were in 2020. We are less prepared for the next pandemic. Public health is more precariously funded and less trusted. Americans are living sicker, shorter lives, facing rising medical debt and a weaker social safety net. Our democratic institutions are under greater strain and authoritarian threat than at any point in my lifetime.

This is the backdrop against which PIH-US closes its doors. And yet, the last six years have been filled with countless bright spots—examples of courage, brilliance, and progress that I genuinely believe show us the way forward. I have been continually inspired by the public health leaders, community organizers, community health workers (CHW), and local government partners we have had the privilege of working alongside. They offer the blueprint for what must come next through this profoundly challenging moment.

When I reflect on what we have accomplished, where we have fallen short, and what these last six years have taught me, three convictions rise to the top:

**1. Health injustice in the United States is at its core a political problem, not one of technical capacity or resources.**

We spend more than \$5 trillion annually on healthcare. We have, at our fingertips, everything required to build a fair and just health system. What we lack is not money, not technology, or talent—but the systems and politics to distribute what we already have equitably, the social movements powerful enough to demand accountability. The status quo—millions of Americans impoverished by medical debt, profound and persistent racial health disparities, a system often as dehumanizing to providers as to patients—is unacceptable anywhere, and is unconscionable in the wealthiest country in the world.

We have been conditioned to accept modest tinkering as the ceiling of our ambition. But one of the founding beliefs of Partners In Health

was that we must fight these kinds of failures of moral imagination.

PIH-US sought to hold two responsibilities simultaneously: working with communities to demand their right to health, and working with government partners to deliver on that right—ensuring that those most impacted were leading, not just informing, the conversation, while building public programs and policies that would meaningfully move the needle. It is not common for organizations to try to do both. But it was at this intersection where PIH-US did our best work—creating new spaces and building bridges between policymakers, public health leaders, and communities to advance change together.

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## 2. Addressing health inequity requires collective action. Collective action requires vision, persistence, and investing in relationships with care and humility. In a word: accompaniment.

No single organization or institution can drive equitable health outcomes alone. Everything PIH-US accomplished was built alongside organizations and leaders who were in this fight long before we arrived and will be in it long after we close. Many of the moments I am proudest of are those when the director of a public health department, or the leader of a CHW association reached out to say: *the way your team showed up was different—and it made all the difference.*

The guiding principle of accompaniment has been our north star.

In Paul's words: *"To accompany someone is to go somewhere with him or her, to break bread together, to be present on a journey with a beginning and an end... I'll go with you and support you on your journey wherever it leads. I'll keep you company and share your fate for a while."*

Accompaniment asks a lot—it requires showing up consistently through rough stretches and over time horizons far longer than grant cycles or news cycles typically allow. But it is precisely that kind of sustained commitment and action that builds trust, collective power, and, ultimately, structural change.

## 3. Community health workers have—and will continue to—show us the way.

CHWs have been PIH-US's most important guides, across all of the diverse contexts where we've worked. Their insights, earned through lived experience and through accompanying neighbors in navigating deeply broken systems, offer the clearest diagnostics of what is right and what needs fixing in our communities and our country. The way CHWs navigate impossible barriers on behalf of their patients every day (too often absorbing the weight of structural

inequality in their own lives) also shows us the path forward—creativity, grit and an unshakeable insistence that we deserve better. Our partners at the National Association of Community Health Workers once called CHWs *"the workforce we need for the world we want."* I know now more than ever that I want to live in a world with health and social care systems designed through the eyes of CHWs, and with a CHW in every community that needs one.

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### *On endings and beginnings*

I have been reflecting a lot over these last few months on cycles of beginnings and endings in social change work—on how we can allow endings to create the conditions for what comes next, much like compost in a garden. We have tried to sunset PIH-US in that spirit, to close in a way that leaves the ecosystem better off than we found it, so that what we built becomes soil for what comes next.

Our staff, alumni, and hundreds of partners across the country will continue planting seeds for a more just future through their continued leadership in their communities, in public service and in social movements.

Even in this deeply challenging moment, I remain pathologically optimistic. Not naively so—but with the hard-won, clear-eyed optimism that comes from years in the company of people who refuse to accept that the world cannot be better.

The report that follows tells the story of what we built together. I hope you read it as both a record of seeds planted and an invitation to keep going.

With deep gratitude,



Katie Bollbach



# ACCOMPANIMENT IN ACTION:

## PIH-US's Impact and Learnings, 2020-2026

### BACKGROUND

When Partners In Health launched the United States Public Health Accompaniment Unit, a new division that would become PIH-US, in May 2020, we called on our experience fighting epidemics and strengthening public health systems around the world. From our initial work setting up the country's first state-wide COVID-19 contact tracing program in Massachusetts, to supporting pandemic response in some of the hardest-hit areas of the country through contact tracing, social support services, and access to lifesaving vaccines, we worked side-by-side with our partners to deploy a more equitable and robust public health response.

At its peak, the United States Public Health Accompaniment Unit provided technical advising support to 16 different jurisdictions. We trained and scaled up contact tracing teams that connected patients and families to vital resources like food and housing; accompanied and advised public health and community partners to rapidly adapt response strategies as the science evolved; supported continuous learning by generating up-to-date guidance, protocols, and analysis used by hundreds of peer organizations and community leaders throughout the country; and urged lawmakers to adopt policies that lead to stronger public health systems that meet the needs of communities systematically excluded from resources and care.

What began as a time-bound initiative in response to a spiraling public health crisis catalyzed a deeper commitment to reimagine community health systems in the United States. In Fall 2021, the Partners In Health executive leadership team formalized PIH-US as a new U.S. arm of Partners In Health. Since then, we have embedded local teams to provide technical advising, operational support, and strategic guidance on strengthening community health systems. We also worked in partnership with grassroots organizers and government leaders to advance local, state, and national policy change through advocacy and coalition building, elevating lessons from our place-based work to inform practice, shape policy, and mobilize resources nationally.

Through it all—the emergency response (2020-21), the recovery (2021-22), and the rebuilding (2023-26)—we worked to unite a network of public health professionals, policymakers, and community leaders who shared the belief that our communities deserve far better than what our current systems offer them. The pages that follow document some highlights of that work—the partnerships built, systems strengthened, and lessons learned across six years of working to advance a more just and equitable vision of health in America.

### OUR IMPACT AT A GLANCE

*Since 2020, PIH-US and our partners have:*

*Hired and trained*  
**5,000+**  
*community health workers*

*Connected*  
**6M individuals**  
*to vaccine outreach, education, and supportive services*

*Cultivated*  
**80+ partnerships**  
*with a diverse range of health and community organizations*

*Leveraged over*  
**\$120M in funding**  
*to expand investment in local public health priorities*

*Trained*  
**300+ advocates**  
*on organizing legislative engagement*

*Influenced*  
**14 policies**  
*that were introduced to, passed by, or enacted by U.S. Congress*



## PIH-US CORE PRINCIPLES AND APPROACH

Throughout our local, state, and national programmatic and advocacy work, PIH-US was guided by five core principles, which distinguished our approach.

### Accompaniment

Accompaniment is an approach to partnership that centers the dignity, autonomy and aspirations of those being accompanied, seeking to support them in meeting their goals for healthier communities and more just systems. Traditional approaches to technical advising or capacity building are time-bound, project-oriented, and often more transactional. Accompaniment is a non-linear, long-term process that is deeply human centered—it is not about unidirectional knowledge or skills transfer, but about shared learning, power, and capacity building. Accompaniment is an open-ended process through which PIH-US sought to pair our technical capabilities, experience, and compassion, with local expertise and leadership to advance short and long-term goals.

### Pragmatic solidarity

Deeply tied to our accompaniment approach was our commitment to pragmatic solidarity. This meant while we worked to address upstream drivers of inequity and aspired to transformative systems change, we also sought to move material resources today, to address immediate needs in communities where we served.

### Justice

In our programmatic and advocacy work, we didn't just take a short-term technical view of health challenges, we also sought to understand the roots of today's health inequities—this includes specific U.S. histories of racism, settler colonialism, violence and oppression. We sought to design programs and policies that addressed immediate needs and suffering, while calling attention to the structural drivers of that suffering—seeking to pair historical critique and structural analysis with pragmatic solidarity to advance social and racial justice in the U.S.

### Global-to-local learning

We believe that there is great wisdom, experience, and evidence around the world that could benefit the U.S. that has not been fully tapped. PIH-US leveraged our network of community and public health leaders from Haiti to Peru to Sierra Leone to inspire program and policy ideas and sustain the moral imagination to advance more ambitious systems change in the U.S.

### Collaborative infrastructure

No single organization or institution can drive equitable health outcomes alone. We worked to build and support networks of resilient partnerships among community leaders, policy makers, service providers, and philanthropy, to pool and redistribute the resources, power, and expertise needed to uproot underlying causes of health inequities and address immediate needs of communities.

## RESPOND: 2020-2021

### Contact Tracing

During the COVID-19 pandemic, PIH-US played a critical role in helping states and localities rapidly stand up contact tracing programs. Between May 2020 and April 2021, we helped hire and train 5,900 contact tracers and embedded technical advisors directly within 16 public and community health agencies to co-design locally led strategies.

- ▶ **In Illinois**, PIH-US worked hand-in-hand with the Department of Public Health to develop a decentralized, **statewide contact tracing model across 97 local health departments**, including an evidence-based workforce estimation tool that guided the hiring of thousands of tracers and investigators to meet projected caseloads.

### Care Resource Coordination

Understanding that contact tracing alone would fall short without the ability for people to safely isolate, PIH-US helped establish care resource coordination (CRC) as a core pillar of pandemic response. We both advocated for and operationalized models that paired disease investigation with the delivery of concrete social supports—such as food, housing assistance, and income replacement—so people could safely isolate and quarantine. PIH-US also partnered with the Johns Hopkins Center for Health Security and NPR to conduct a national survey assessing how health departments were addressing social needs within COVID-19 response staffing and workflows. Findings showed that while most health departments screened for social needs, few had the staffing or systems to follow through. This insight helped direct PIH-US's resource development, trainings, and advocacy as we pushed for CRC as a baseline standard in COVID-19 response efforts nationwide.

- ▶ **Nationally**, PIH-US advisory teams helped **connect 83,000+ households to social support through dedicated CRC teams**. National learning and advocacy efforts helped integrate into programs across the country, that not only helped to curb disease spread, but modeled how to build a more equitable epidemic response and invest in longer-term care navigation infrastructure. In New Jersey, we supported Newark's Department of Health and Community Wellness to design, train, and launch a CRC team. This effort connected more than 13,400 residents to essential supports for safe isolation and quarantine, including food, childcare, counseling, and other services.



A vaccine clinic in Immokalee, FL, held in 2020. Photo by Scott McIntyre / PIH

## Vaccine Rollout

As COVID-19 vaccines became available, PIH-US helped partners pivot from emergency response to equitable vaccine outreach and delivery, applying lessons from contact tracing and CRC to address persistent access barriers. PIH-US supported public health agencies and community-based organizations in designing vaccination strategies that prioritized trust, accessibility, and community leadership. PIH-US led or supported more than 2,300 events, activities, and initiatives to advance COVID-19 vaccine outreach and education, reaching 5.5 million people. Through these efforts, at least 40,000 individuals were vaccinated or committed to getting vaccinated.

Across its COVID-19 response, PIH-US's impact extended beyond embedded support to specific jurisdictions. Through national learning collaboratives, open-source tools, and advocacy informed by on-the-ground experience, PIH-US helped translate local innovation into long-term systems change.

- ▶ **In New Bedford, Massachusetts,** PIH partnered with the local health department to implement a hyper-local, block-by-block vaccination strategy that combined pop-up clinics with door-to-door outreach by trusted messengers. By using social vulnerability data at site clinics and accompanying residents through appointment scheduling and transportation, **the city tripled vaccination rates over two months and cut the gap in first-dose coverage between Hispanic and white residents by half.**
- ▶ **Nationally,** we worked with **more than 250 practitioners across 117 organizations in 30 states in our learning collaboratives** to discuss shared challenges, rapidly exchange emergency best practices and share resources. We built a robust resource library of practical tools, guidance, and case studies to support frontline leaders.

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



## RECOVER: 2021-2022

Throughout the COVID-19 response and beyond, PIH-US worked alongside health departments, community-based organizations, and grassroots coalitions to align partners around shared priorities, coordinate resources, and elevate community leadership in public health decision-making. As we began to pivot into longer-term health equity work, we further elevated our commitment to building collaborative infrastructure and investing in collective resource mobilization.

### Collaborative Infrastructure

During the COVID-19 emergency, many high-impact collaborations emerged to address immediate needs, but without resilient infrastructure, these efforts faced significant challenges in enduring or evolving beyond the crisis, despite significant opportunities to pivot to address other pressing health equity issues. In 2022, PIH-US began to synthesize lessons from our work, as well as from other leaders in the field, and distill them into a framework to formalize approaches already embedded in our practice in diverse settings across the U.S.

- ▶ *PIH-US partnered with the Deloitte Health Equity Institute **to synthesize our on-the-ground experience into a Collaborative Infrastructure Framework, describing the structures, governance models, and equity-centered practices** that allowed cross-sector collaboration to endure beyond crisis response. By documenting and sharing this approach, we have helped partners build more robust strategies and investment cases for collaborative infrastructure that will endure.*

### Resource Mobilization

As a national organization with access to broader funding networks, PIH-US leveraged our relationships, visibility, and capacity to help expand funding opportunities for community partners, ensuring that local leaders had the support needed to sustain and grow their impact as emergency funding waned.

- ▶ *With support from the Health Resources and Services Administration, **PIH-US rapidly deployed \$8 million to 58 community-based organizations, with a median award of \$98,000.** Notably, 80% of these organizations had never received federal funding prior to this partnership. Partners implemented hyperlocal strategies to advance equitable vaccination efforts while also building lasting organizational capacity.*



ABC2 youth promoters, a HRSA recipient, distribute COVID-19 information in North Carolina.  
Photo courtesy of ABC2

## REBUILD: 2023-2026

### Accompanying state and local health departments to build public health infrastructure

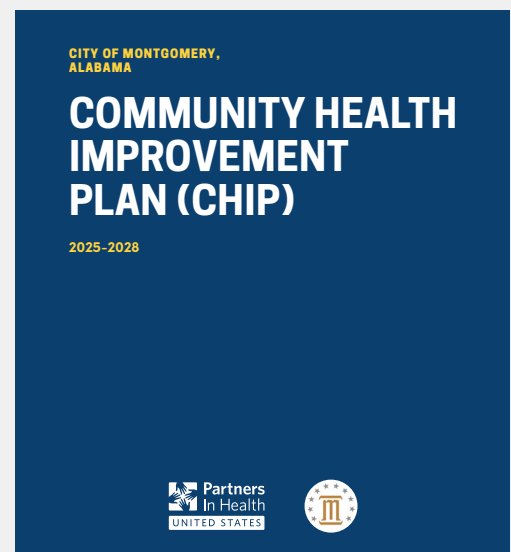
Over the past five years, PIH-US partnered with public health agencies across the country to strengthen equity-centered strategies and services. Through sustained support in policy and planning, program design, and community engagement, we helped build the staff capacity, cross-sector partnerships, and organizational infrastructure needed for departments to more effectively serve their communities and respond to evolving public health challenges.

These health departments are more connected to their communities and better equipped with the systems and structures required to sustain progress than they were five years ago.



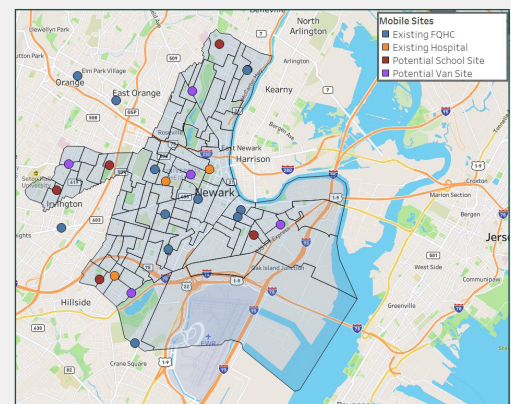
**In Montgomery, Alabama,** PIH-US helped launch the city's first Health and Human Services Committee, establishing a formal structure for community engagement and cross-sector health planning. PIH-US led a Community Health Needs

Assessment in partnership with the City of Montgomery and the Alabama Department of Public Health. We trained and supported community health workers to survey more than 1,000 residents across 17 zip codes, identifying priorities including mental health, substance use, community safety, and access to care. These findings became the foundation for a more coordinated, city-wide health strategy.



**In Newark, New Jersey,** we partnered with the Department of Health and Community Wellness to strengthen data-driven decision-making. We developed a dashboard tracking more than 50 health and social indicators, giving city leaders

clearer visibility into community needs. We then helped secure a \$3.8 million grant to expand data systems and staff capacity. Building on this, PIH-US led a Community Health Needs Assessment and focus groups to gain a deeper understanding of community priorities. Today, Newark uses these tools and insights to more strategically deploy programs and resources, including targeting neighborhoods at highest risk for lead exposure and expanding access to free abatement services.



A screenshot of the dashboard mapping health and social indicators in Newark, NJ.



**In New Bedford, Massachusetts,** PIH-US partnered with the city’s Health Department to advance equity-centered planning and service delivery. We trained community health workers to conduct 800+ Community Health Needs Assessment surveys, elevating input from historically excluded communities and shaping the city’s Community Health Improvement Plan. PIH-US also supported the launch of a behavioral health co-response model bringing together law enforcement, clinicians, and peer recovery coaches, which doubled the number of individuals diverted from the criminal justice system and connected to care. We also convened a Health Equity Community of Practice, aligning public sector partners and over 50 community-based organizations around policies that bolster community priorities.



PIH-US and the New Bedford Health Department in 2023. Photo by Zack DeClerck

## Accompanying community organizations to build community-centered programs

Community-based organizations (CBOs) are among the most essential and under-resourced actors in the American health landscape—trusted by the communities they serve, yet chronically constrained by funding instability, limited organizational capacity, and insufficient power to influence the systems that shape health. From 2023 to 2026, PIH-US walked alongside diverse CBOs across our core geographies to help change that—mobilizing resources, co-designing new community-centered programs and strategies, and strengthening the connections and power CBOs need to lead.



**In Immokalee, Florida,** PIH-US supported the Healthcare Network on the design and implementation of programs that embedded CHW services and social support into broader care delivery models. As the workforce grew, PIH-US provided training and mentorship focused on chronic disease management, conducting household visits, navigating complex cases, addressing social determinants of health, and building advocacy skills. This support helped ensure CHWs were not only deployed effectively, but also valued as professionals with opportunities for growth and leadership.



2021 vaccine clinic. Photo by Scott McIntyre



**In Pima County, Arizona,** PIH-US partnered with the Tucson Indian Center (TIC) and the Health Department to strengthen collaboration with urban Indigenous communities. With our support, the Health Department signed its first-ever MOU with TIC and created its first Tribal Liaison role. In parallel, PIH-US supported TIC in launching its first primary care center, expanding community health outreach, training Community Health Representatives, and strengthening data systems. We helped TIC secure multi-year multi-million-dollar funding to create a Native-led and owned data ecosystem to streamline organizational operations and improve community member access to primary care, behavioral health, and social support services.



2024 MADE Convening. Photo courtesy of MADE

## Accompanying Community Health Workers to build power and better policy

Beyond program design and implementation, PIH-US invested in strengthening the broader CHW movement through power building and policy advocacy with CHWs.



**Sustainable financing:** PIH-US advanced the Community Health Worker Access Act in Congress by helping draft the legislation to expand Medicare reimbursement and strengthen Medicaid integration for CHWs, mobilizing national support through sign-on and digital advocacy campaigns, and partnering with CHW leaders and advocates to engage more than 90 Congressional offices.



**Professional recognition:** We partnered with state and national associations to support strategic planning, coalition-building, and legislative engagement, including collaborating with the National Association of Community Health Workers to organize Congressional briefings that brought more than 220 frontline CHWs and allies to Capitol Hill. Since 2022, PIH-US has helped facilitate over 560 meetings with policymakers at national and state levels to raise awareness of community health workers and sustainability challenges they face.



**State infrastructure and integration:** Through workforce planning, policy advising, and advocacy for sustainable financing, we helped embed CHWs into state systems, advancing long-term integration, and professional recognition for this essential workforce. PIH-US supported coalition-building and professional development efforts in Arizona and helped stand up New Jersey's first-ever CHW association. We provided strategic advisory support to CHW associations and networks across Virginia, Florida, Arkansas, and New York, strengthening their capacity to advance policy and workforce development. Through sustained advocacy—particularly around Medicaid financing—PIH-US also contributed to policy changes such as the implementation of Medicaid reimbursement for CHW services in Arizona, advancing long-term sustainability for the workforce.



**In North Carolina,** PIH-US helped stand up the state CHW association, expand standardized and specialty training, and launch pilots integrating CHWs into health care settings.

With our support, North Carolina became the first state to establish advanced CHW certification levels, including specialty and legacy tracks. PIH-US provided technical assistance to develop the credentialing framework; since launch, more than 574 CHWs have been certified. Through workforce planning, policy advising, and advocacy for sustainable financing, we helped embed CHWs into state systems, advancing long term integration, and professional recognition for this essential workforce.



2025 North Carolina CHW Day. Photo by Meki Shewangizaw / PIH



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## *With gratitude*

PIH-US closes with profound gratitude for every partner, collaborator, community health worker, and public health leader who trusted us to walk alongside them. This work has always belonged to the communities and movements at its center—and it is in their hands that it will continue. We carry forward an unshakeable commitment to global-to-local learning and global solidarity: the belief that the wisdom, experience, and moral imagination flowing between communities in Haiti, Sierra Leone, Peru, and the United States has always made all of us stronger, and that advancing health justice anywhere advances it everywhere.

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