

INTERMEDIARY ORGANIZATIONS ARE URGENTLY NEEDED TO ASSIST IN MODERNIZING PUBLIC HEALTH AND ADDRESSING THE DRIVERS OF HEALTH IN THE UNITED STATES

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The \$1.9 trillion American Rescue Plan Act (ARPA) of 2021 provided states, localities, and tribal governments with \$350 billion in fiscal relief to address the continued impact of the COVID-19 pandemic. This direct, flexible aid — preceded by CARES Act (2020) and Consolidated Appropriations Act (2021) dollars — has provided state and local leaders with an opportunity to invest in a variety of initiatives, including community aid, economic development, housing, infrastructure, public health, and public safety, in ways that could lead to more equitable access to and outcomes from government interventions. Recent efforts to track planned and budgeted projects show that significant dollars remain uncommitted, meaning there is still an opportunity to further direct these dollars to best meet community needs.

Many states, counties, and cities are challenged to move this money quickly because of budgetary, procurement, and hiring regulations and policies. Even prior to the pandemic, health departments struggled to move money and hire people for these reasons. The pandemic magnified this problem and also highlighted a need for government to more thoughtfully address long-standing inequities. As a result, many jurisdictions are turning to intermediaries — nongovernmental organizations that can work collaboratively with governmental agencies to implement the goals of the funding and raise community engagement in addressing health equity. This builds on a longtime precedent of states and local jurisdictions, including health departments, to use intermediaries.

With passage of ARPA and extensive funding for general recovery (e.g., fiscal relief dollars), and targeted public health funds for modernization, the use of intermediaries can be even more important — not just to move money and hire people — but for a broader variety of functions that includes planning and engaging the various sectors needed to rebuild society and public health, and rebuilding trust and support for public health across diverse communities.

This issue brief describes the different roles intermediaries can play; provides examples of where they have been used in practice; and identifies the risks, benefits, and possible innovations of intermediaries as well as policy approaches that might facilitate their appropriate use.

A variety of intermediary organizations can assist public health agencies at the state and local level in many different roles. Local foundations, public health institutes (PHIs), community health centers (CHCs), and Accountable Communities for Health (ACHs) are some of the organizations that are assisting governments in equitably meeting the needs of diverse communities with these new resources.



ROLES FOR INTERMEDIARIES

Fiscal Agent for Equitable Distribution of Resources

Fiscal agent roles require intermediaries to accept fiduciary responsibility for distributing funds according to federal and state rules. The dollars may be braided with other funding sources to address the project or intervention, and decisions related to expenditures must be transparent. The dollars may also be used to evaluate efforts to promote equitable outcomes and identify areas of needed improvement. Fiscal agents can also work with trusted local organizations that have historically not had the infrastructure or relationships needed to apply for large government grants, thereby increasing the diversity of partners and communities served.

Intermediary organizations may serve as agents to distribute funds to diverse community-based organizations or other entities for necessary public health activities:

- The Rhode Island Foundation partnered with the state of Rhode Island to administer \$5 million in CARES Act funding, making grants to over 100 local nonprofit organizations. The foundation is stewarding more than \$20 million in COVID-19 response-related funds, braiding and blending public and private funds.
- Elevate Health, an ACH in Pierce County, Wash., was allocated \$1.5 million of CARES Act funding from Pierce County for behavioral health providers in response to the COVID-19 crisis and recovery. They had the infrastructure through the OnePierce Community Resiliency Fund to quickly distribute the money and foster equitable outcomes.

Rapid Hiring and Building a Community-based Workforce

PHIs and foundations are often used to hire necessary staff quickly and assign the staff to work on specific projects or in specific roles. They also have the ability to hire diverse, culturally and linguistically appropriate staff in a timely manner:

- The Michigan PHI established by the state legislature links governmental public health, academia, community-based organizations, and others engaged in population health. Starting in 2020, the PHI hired 402 affiliates assigned to the state health department. As a result of the pandemic, the PHI hired an additional 328 people to serve in public health agencies as consultants, subject matter experts, and office management (many of whom were also people of

color).¹ The PHI also distributed \$20 million in relief dollars and an additional \$25 million for personal protective equipment. This work was done with equity at the center, and in 2021 Michigan PHI was recognized as a diversity champion by *Corp! Magazine*.²

- Intermediaries are also used by the federal government. The CDC Foundation received substantial pandemic-related funding from the Centers for Disease Control and Prevention to directly hire individuals who could assist state and local health departments across the country, thus not requiring passing federal funds through the states.

Governance and Administration

There are instances when an intermediary organization takes full responsibility for planning and implementing a program or project, including the leadership and support for all functions:

- Humboldt Community Health Trust (HCHT), an ACH, supports the North Coast Health Improvement and Information Network and uses this information exchange to improve services to substance use disorder clients as well as partnerships with the court system to coordinate care. HCHT provides the coordination and oversight of the programs.
- A CHC in northeast Pennsylvania, the Wright Center for Community Health, became the backbone for the Lackawanna County Department of Human Services Regional Geriatric Center of Excellence, including adult day care services. The CHC also formed partnerships with the Area Agency on Aging and United Way to provide the range of services needed by this elderly population. They were able to build on their graduate medical education training program, which includes psychiatry and primary care, and develop a geriatrics fellowship program. The Robert Wood Johnson Foundation and All One Foundation also provided resources to support the geriatric center.

¹ Canady, Renee Branch. (2022, February 28). Session II: innovative solutions to current and emerging challenges. Presented at the roundtable on population health improvement workshop, a population health workforce to meet 21st century challenges and opportunities.

² MPH. (2021, September 13). MPH Recognized as Diversity Champion. <https://mph.org/2021/09/13/mph-recognized-as-diversity-champion/>

Planning and Establishing Community Priorities

Planning and documenting community health assessments and priorities is a frequent function for intermediary organizations as an ongoing activity. This is often done in collaboration with other community-based organizations and other sectors in the community.

Intermediary organizations have been engaged in convening community organizations and residents in determining community needs and priorities for relief funds:

- The Long Beach ACH in California was used by the city Department of Health and Human Services to engage residents in determining their most urgent needs at the beginning of the pandemic.
- The Rhode Island Foundation is currently convening community leaders and organizations to identify the most promising investments of relief dollars for the state, at the request of the state legislature.
- As part of a concerted effort to center equity in all of their work, the Maine Health Access Foundation launched a Community Responsive Grants program in 2019. The program supports community-identified and community-led programs that are working to rectify health inequities in partnership with governmental entities.

Programmatic Implementation

Often intermediary organizations are asked to take on foundational functions for official agencies due to their special expertise as well as underlying infrastructure. They may have credible relationships in the community that facilitate taking on these capacities, such as data exchange with health care organizations.

Local and state health departments may turn to intermediaries for conducting basic operations such as foundational capabilities:

- The Louisiana PHI gathers data from a variety of sectors and conducts public health surveillance as part of their Greater New Orleans Health Information Exchange. It also provides HIV/sexually transmitted infection, family planning, and behavioral health services.
- The Regional Health Hubs of New Jersey have been asked by the state and local health departments to assist in testing and vaccinating hard-to-reach populations, and to train community health workers for outreach.

- The University of California (UC) Davis partnered with the city of Davis to implement Healthy Davis Together, which provided free testing, vaccinations, masks, and isolation or quarantine housing if needed. UC researchers are regularly testing city wastewater for signs of COVID-19 as well as screening children in the local school district. UC Davis was able to use a mix of philanthropic donations; CARES Act; and state, city, and federal grants.

Convening and Community Engagement

Because of ongoing relationships in their communities, intermediaries may play a role in setting an inclusive table to ensure that necessary stakeholders and resident are engaged in discussions and decision-making about the use of funds:

- The Imperial County Public Health Department in California used the ACH and community wellness fund, funded by the Medi-Cal managed care organization, to convene stakeholders and establish priorities for community investments. There is a strong focus on building community capacity, such as leadership skills, stewardship, and accountability to the community.
- Tepeyac CHC engaged in community outreach in underserved neighborhoods in Denver, in partnership with the Colorado Department of Public Health & Environment. The CHC has the language and cultural ties to the communities to explain the mitigating strategies necessary to address the pandemic.

Trust Building and Political Good Will

By definition, many intermediary organizations encompass broad representation from multiple sectors in their communities. They have developed trusting relationships that can be leveraged to assist public health agencies during this period of push-back on public health measures to control the pandemic.

Many health departments across the country have experienced political push-back, and staff have experienced harassment in public meetings and in their communities:

- The Montana Foundation supports the Montana Public Health Institute to address issues of importance in the community, such as overdose deaths, where there is a gap in official agency capacity. The foundation provided legal technical assistance in interpreting recent pandemic-related public health laws with potential negative consequences, proposing reconsiderations and highlighting consequences of implementation for the public's health. They leverage funding to support health and system improvements, provide

backbone support, monitor capacity needs, and support data-driven public health policies.

- Episcopal Health Foundation (EHF), in collaboration with six other Houston-area philanthropic organizations, sponsored a report on the need for Harris County and the Houston health departments to consolidate and better coordinate public health services, as they are often funding the same core services. The EHF supports six Texas ACHs that are addressing health care, social services, public health, and other sectors for improving the health of their communities. EHF also supports policy research that leverages current public investments such as Medicaid policies that will address social determinants of health.
- Intermediaries may fill the void where state official agencies are not ready or willing to accept the accountability for distributing relief dollars or resources to build the public health infrastructure needed to ensure population health.



RISKS AND BENEFITS TO INTERMEDIARY ORGANIZATIONS

Engagement with government agencies at all levels, including public health agencies, has some risks associated with expanded roles for intermediary organizations. There will likely be increased accountability and paperwork. Where there are public dollars there is always the need for recognized accounting standards. For example, with ARPA funds, there will be more public interest and public scrutiny, especially with the expanded politicization of the pandemic rules for containment. On the other hand, there are many opportunities for effective, equity-focused foundations and other intermediary organizations to provide leadership, address diverse community needs and lift community voices, and share power in the decision-making process with communities being served. Successful organizations have found ways of providing assistance that augments the assets of the official public health agency and provides time to fill critical leadership positions. Providing leadership that is complementary to the official governmental agencies, not undercutting agencies that are struggling to address the needs in their communities, is critical. Where there are strong partnerships, there are opportunities to provide temporary subject matter experts to address emergencies while searching for permanent solutions. For example, several states used universities with expertise and laboratory capacity to participate in expanded laboratory processing of COVID-19 testing during the pandemic to assist overwhelmed state laboratory systems.

There are potential risks and benefits for official government agencies as well. The government agencies are accountable for compliance with the uniform federal

assistance requirements of 2 CFR 200. While the requirements are not overly complicated, recipients must still adhere to the Treasury guidance.³ And unfortunately, there have been recent reports of potential fraud. For public health departments, there is concern that partnerships with intermediary organizations may undermine authority and staff decision-making, rather than complementing their work. Sharing power and decisions with communities being served makes the final decisions on investments stronger and assists in building trust, which is so badly needed during this pandemic. This is an opportunity to use these flexible resources to make the best investments possible.

POTENTIAL POLICY SOLUTIONS

As federal agencies distribute relief funds to states and local jurisdictions, there are approaches the agencies could take to make it easier for these entities to expend resources to meet community needs. We suggest a few policy solutions for consideration:

- Provide options and encouragement in federal funding opportunities to build and expand partnerships with effective equity-focused intermediary organizations in the private sector.
- The National Governors Association, National Academy for State Health Policy, National League of Cities, Association of State and Territorial Health Officials, National Association of County and City Health Officials, and other organizations working with states can provide examples and technical assistance on how partnerships with intermediary organizations are successful in navigating the accounting rules for accountability and transparency. There are realistic concerns from official agencies that they will be punished for violating federal and state rules.
- Build on the U.S. Treasury experience in administering the ARPA funding, using standard but flexible reporting requirements for documenting and providing transparency on how dollars are planned and budgeted to be spent to address community needs and promote equitable health outcomes.
- Encourage authentic and diverse public and community engagement in the planning process for expending relief funds, and require community oversight

³ 2 CFR 200 <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>;
Coronavirus state and local fiscal recovery funds, final rule
<https://home.treasury.gov/system/files/136/SLFRF-Final-Rule.pdf>

boards and public posting of plans for the funds and their expenditures as a way of facilitating accountability.

- Require and provide support for the disaggregation of deidentified outcome data to assess for inequities across self-reported race, ethnicity, gender identity, sexual orientation, age, and other intersectional identities so work can be altered as needed to achieve equitable access and outcomes.

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