



RECOMMENDATIONS FOR
STRENGTHENING
PARTNERSHIPS

BETWEEN HEALTH DEPARTMENTS AND
COMMUNITY-BASED ORGANIZATIONS

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This report was developed in collaboration with HIP. Human Impact Partners (HIP) is a national nonprofit that transforms the field of public health to center equity and builds collective power with social justice movements.



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The findings in this report are bolstered by a thorough landscape assessment and the engagement of 11 national associations. See more in [Appendix A, Methods](#).



Acknowledgments

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| American Public Health Association | National Association of County and City Health Officials |
| Association of State and Territorial Health Officials | National Network of Public Health Institutes |
| Big Cities Health Coalition | Shared Cause |
| National Community Action Partnership | Social Current |
| National Association of Community Health Workers | Urban Indian Health Institute |
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INTRODUCTION

Community members and organizations play a pivotal role in shaping the health of their neighborhoods. Unfortunately, these communities do not have full power to shape the decisions that affect their lives and neighborhoods.

The COVID-19 pandemic laid bare the historical and ongoing role government plays in systematically excluding communities from decision-making processes, inadvertently perpetuating health inequities and hindering collaboration with community-based organizations (CBOs).

As governmental health departments address lessons learned from the pandemic with their communities, promising practices are emerging to strengthen partnerships with CBOs.

In this report, the CDC Foundation offers a set of transformative and inclusive recommendations to strengthen these

relationships, framed within *The Spectrum of Community Engagement to Ownership*, a framework to increase community ownership of public decisions.

The recommendations are informed by extensive document reviews, interviews with health department and CBO leaders, insight sessions and engagement with national partners ([see Appendix A, Methods](#)).

We invite health departments and their CBO partners to take steps together to reimagine their partnerships, rebuild trust and pursue community-driven solutions to achieve lasting health equity ([see definitions](#)).

Our exploration of how to strengthen partnerships invites a commitment from both health departments and CBOs. Grounded in a core set of values, the joint endeavor fosters a collaborative approach that acknowledges their respective roles and strengths in the pursuit of transformational and equitable partnerships.

Who is This Report For?

Health departments, CBOs and their partners.

Health departments inherently wield a higher level of institutional power, resources and responsibility which can significantly influence the success and depth of partnerships with CBOs. For that reason, the recommendations emphasize actions health departments can take, reflecting their distinct role and influence as the entities entrusted with safeguarding community health.

While the focus leans toward health departments, leaders from both health departments and CBOs actively contributed to the development of the recommendations, and they are relevant and beneficial across both sectors. Additionally, best practices are offered to support CBOs in achieving fruitful and authentic partnership with health department partners (see [Setting the Stage for Success](#)).

NOTE:

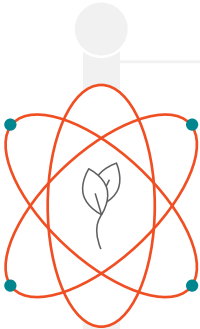
While tribes, tribal health facilities and Urban Indian Organizations are an audience of this report, we acknowledge there are further systemic challenges to their relationships with health agencies. Please refer to [Appendix D](#) for more information.

Strengthening partnerships between health departments and CBOs also involves other partners. The recommendations could also be useful for:

- Public health associations, administrators and staff
- Faith-based organizations
- Community members and service organizations
- Funders
- Academic institutions and researchers
- Businesses and contractors
- Other government agencies, officials and policymakers
- Community health workers (organizations and individuals)
- Social service networks
- Volunteer organizations
- Healthcare and managed care entities (hospitals, clinics, federally qualified health centers, health plans)
- Tribes, tribal health facilities including those funded by Indian Health Service (IHS) and Urban Indian Organizations (UIOs)

How to Read This Report

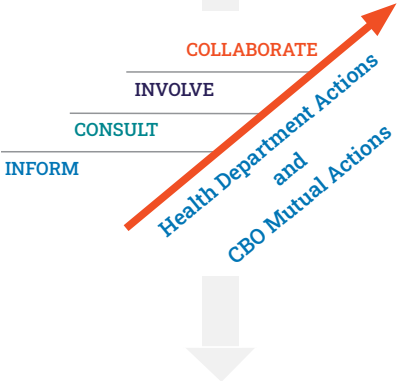
We begin with contextual grounding in what it takes to create a successful partnership, based on what we learned from reviewing existing frameworks and insights from health departments and CBOs.



We then propose a set of core values and shared language to ground the journey for partnership, recognizing that the foundation for health department and CBO relationships is alignment around vision, values and goals.



Next, we identify four system dimensions as institutional levers to strengthen partnerships: organizational culture; governance and leadership infrastructure; funding and other investments; data, measurement and evaluation.



Importantly, many health departments and CBOs have existing partnerships they want to improve and strengthen. *The Spectrum of Community Engagement to Ownership*, developed by Rosa González of Facilitating Power, provides a framework for how to progress from transactional to transformational partnerships.

Using the Spectrum, we propose a set of tactical and strategic recommendations—within each system dimension—for health departments and CBO partners to achieve greater impact, inclusion in decision-making and enduring equity.

THE INTERSECTION OF PARTNERSHIPS AND POLICY

In this report, “policy” refers to pursuing legislation, plans and laws that support health equity; the use of regulatory and legal actions to enforce regulation; and the implementation of organizational policies that support partnerships.

Policy is an essential tool for putting the recommendations into action, whether it be in implementation or as a desired outcome of health department and CBO partnerships.

Both health departments and CBOs highlighted the importance of policy in pursuing health equity. They saw policy, both administrative and legislative, as playing a crucial role—either facilitative or inhibiting—in fostering sustained and transformative partnerships. Many interviewees described the challenges of navigating political contexts where equity is deprioritized or not a priority. Others described health department leaders as beholden to elected officials who change over time and have differing views on health equity.

In many cases, these barriers inhibited health departments from partnering with communities in an ongoing way. This was juxtaposed with insights from health departments whose contexts afforded greater flexibility, resources and political will that propelled partnerships to new heights. Because of this divergent policy context, the recommendations take into consideration how to build stronger partnerships across diverse political realities.

One insight gained is many health departments in politically restrictive environments use “inside-outside strategies” to pursue partnerships and policy change that could otherwise be challenging to implement. For example, health departments equip CBO partners with tools like data, unrestricted funding and technical assistance to enable them to directly advocate for policy change and create the conditions for transformational partnerships. These CBO partners then often create accountability, from the outside, for health departments to be more responsive to their needs. This inside/outside model is one that could be explored more deeply to manage dynamic political and policy contexts.

SETTING THE STAGE

Interviews with health departments and CBOs highlighted the critical importance of reflecting on a shared vision, values and goals as a foundation to building and strengthening partnerships.

Before delving into the recommendations, we highlight a core set of values to guide how health departments and CBOs can relate to one another; create shared language surrounding this work; and understand their preparedness for partnering authentically.



Embodying Core Values for Partnerships

The cornerstone of a transformational partnership is alignment around values that can support authentic and accountable relationships. Yet, a long history between communities and governmental public health has inhibited an alignment on values.

For example, in our landscape assessment, health department and CBO leaders shared that public health often sees itself as an objective, science driven entity that knows what is best for communities.

This mental model has infused how many health departments approach their work with communities and has led to an






erosion of trust. As a result, many health departments face myriad challenges in better connecting with communities, supporting community leadership and shifting power to communities.

We encourage health departments to consider developing core values that prioritize “being with” their communities as human beings and acknowledge the challenges of the historical relationship.

Below is a proposed set of five core values that repeatedly emerged in the interviews and which serve as a starting point for strengthening partnerships.

Sharing core values can facilitate successful and more sustainable partnerships between health departments and CBOs.

CORE VALUES

	Seek to Understand, Acknowledge, Shift and Share Power to Communities
	Commit to Centering Community
	Practice Accountability and Transparency to Foster Trust
	Recognize Harms, (Re)Build and Heal
	Promote Mutual Benefit and Natural Strengths

While there is no one-sized-fits-all approach to developing values to guide relationships, health departments are encouraged to shed their credentials and titles, and bring humility and a desire to know the community they serve.

The values are interdependent and not mutually exclusive. They allow health departments and CBO partners to bring their own histories, approaches and unique identities into their partnership.



Seek to Understand, Acknowledge, Shift and Share Power to Communities

Define power, understand how it functions and transform power dynamics

As the late Dr. Martin Luther King Jr. explained, power is not inherently good or bad but necessary to bring about deep-rooted change.

Of the Core Values, CBOs emphasized “Understanding, Acknowledging, Shifting and Sharing Power” as a key starting place for health departments—and public health more broadly—when building partnerships with communities. This was particularly emphasized by CBOs that represented and served historically minoritized communities.

For partnerships to thrive, health departments should first explore how health inequities are rooted in power imbalances perpetuated through historic and ongoing systems of oppression. These forms of oppression—like racism, sexism, ableism, classism and others—embody the formal and informal ways societies maintain consistent advantages of power, opportunity and well-being for

certain populations at the expense of other populations.

Once health departments understand these underpinnings of power imbalances, the next steps include learning how power functions in governmental institutions and at the community level. Ultimately, health departments can redress unjust dynamics by partnering with communities to have the community define plans for sharing and shifting power.

Health department and CBO interviewees described a range of activities that could recalibrate power dynamics, and examples are highlighted in the recommendations. They include serving on resident-led coalitions, strategic planning with CBO partners, learning from community partners about how past policies have shaped health inequities and adopting internal and external policies that shift and share power.

“Power properly understood is nothing but the ability to achieve purpose. It is the strength required to bring about social, political, or economic changes. Power is a continuum that can look different across communities and institutions, as well as across time and geography.”

– Martin Luther King Jr.



Commit to Centering Community

Lead with a public service mindset and build relationships for the sake of those relationships

At the heart of transformative partnerships is a commitment to centering community. Building relationships is an outcome in and of itself.

Centering community means community needs are at the forefront of how a health department's practices, policies and initiatives are designed and implemented.

Relationship building is an ongoing activity and not one that starts and stops when the health department needs the community.

Communities value health department staff who regularly engage in local

initiatives as active community members. Engaging in this way, early and often, shows community members that the health department is invested in them as people and friends.

Centering community can happen by hosting forums where community members live and work, offering meals and childcare and creating opportunities for CBOs and communities to define health department priorities.

“Communities know exactly what they need to do, and I wish that government agencies would understand that more. I also wish that we understood communities don't need us—we need them... I think my job is you tell me what you want to do, and I'll figure out how to do it and that's how I approach my work.”

– Public Health Department Interviewee



Practice Transparency and Accountability to Foster Trust

Be transparent about decisions, limits and capacities. Share progress and leverage feedback to grow

Trust can be built by being transparent about limitations and capacities, committing to building relationships and being open to accountability and feedback.

Practicing transparency and accountability was reported as a common challenge across health departments and CBOs.

Community partners noted a lack of transparency in how some health departments set priorities and developed initiatives. Similarly, health department staff described not knowing how their own funders' priorities and budgets

were determined, which impacted how they could partner with community organizations. This drew attention to the need for health departments to better understand how decision-making was happening and to share that information with community partners in an open and honest way.

Importantly, health departments could share when they do not have answers and can commit to finding those answers together with the community as a way of showing accountability and building trust.

TRANSPARENCY

Clarity around who makes decisions, why they are made and sharing the data used to drive the decisions. Transparency also means communicating when things are not clear, when information is not available and sharing the plan to obtain information. In its purest form, transparency is an act of communicating vulnerably and humbly.

ACCOUNTABILITY

Processes and approaches for holding health departments responsible for their decisions, activities and impacts within a specific partnership or community.



Recognize Harms, (Re)Build and Heal

Engage in tough conversations, confront painful histories for collective learning and understanding.

The journey to building and strengthening partnerships is not easy. It requires all involved to engage in deep reflection, have difficult conversations and, perhaps most challenging, confront actions and systems that perpetuate inequities.

During the pandemic, governmental public health and other sectors acknowledged the systems, policies and laws that created differential access to health and well-being.³ The pandemic elevated how public health and social justice are deeply intertwined and showed how health could only be achieved in partnership with communities most impacted by inequities.

Both health department and CBO leaders elevated the importance of health departments recognizing their historic and, sometimes, ongoing role in creating and perpetuating harm toward the communities they aim to serve.

Health department partners shared that engaging communities with humility is a step toward addressing and repairing those harms. Being open to learning from past mistakes is part of a healing that is shaped by humility.

Health departments may need to accept when communities reject the presence and support of governmental public health. Relationships take time to build, or rebuild, and they move at the speed of trust. What is key for health departments is adopting a growth mindset where they learn from their mistakes, as well as their successes, to build and rebuild with their communities.



Promote Mutual Benefit and Natural Strengths

Collaborate with communities as allies with their own strengths

Together, health departments and CBOs can lean on each other's expertise, skills and capacities to advance initiatives and impact systems change.

In our interviews, health department and CBO leaders shared that public health, as a discipline, tends to elevate science-driven inquiry over community and lived expertise. Interviewees shared that health departments do not always recognize the invaluable capacities that reside with community members and leaders, and these skills may be untapped in their partnerships.

For example, skills related to advocacy, organizing, case-making and storytelling oftentimes reside in community members.

These talents are mutually beneficial and reinforcing of the talents of health departments, such as collecting and disseminating data, making connections to policymakers and providing technical assistance.

By harnessing these unique capacities within partnerships, health departments and CBOs can build on their existing strengths, and better navigate their limitations without burdening one another with expectations that do not align with their strengths or capacities.

“Do your best to try and have the empathy to understand [community] challenges...There may be more that you have to do as the health department to truly be equitable in what happens. [The relationship] may need to be 80/20, but over time will grow with you to where it will be 50/50.”

– CBO participant

ALIGNING ON A SHARED UNDERSTANDING

Developing shared language can help avoid the common pitfalls of miscommunication and misunderstanding that might result in larger challenges.

Practically, shared definitions provide agreed-upon language to adopt into contractual agreements, reports and other materials. They also help to contextualize the role of each partner in advancing health equity and achieve better understanding of one another's mindsets and worldviews.

We encourage health department and CBO partners to use the following definitions as a starting point in their journey and to determine the ways these definitions do or do not resonate with their local contexts. Partners may choose to add or prioritize other terms relevant for their work together.

Some definitions differ from others available in the field as we refined many of the definitions with our partners to create alignment on this project.

In public health, the term community-based organizations (CBOs) is often applied broadly to refer to nonprofit organizations working in local settings and/or with particular populations. This broad understanding of CBO meant that when the pandemic happened, many large, national nonprofits were funded for community-based initiatives that smaller CBOs had led in their own communities for decades.

We propose the definition of CBO focus on organizations with the lived, local expertise and grassroots connections that represent the priorities of communities they serve.



DEFINITIONS

COMMUNITY-BASED ORGANIZATION (CBO)

- Non-profit organization deeply rooted in specific geographic communities (e.g. neighborhood, city, state, region).
- Focus on enhancing the well-being of specific population groups (e.g., youth, low-wage workers, faith-based, renters) or issue areas (e.g. community safety, environmental justice, economic security, food security, workers' rights, housing justice).
- Leverage their strong community ties and trusted status to employ diverse strategies for driving program and systemic improvements that enhance social, physical, economic and emotional well-being, as well as overall community vitality.
- Advance their priorities in coalitions with one another, leveraging the unique and diverse expertise and networks they each bring to a partnership. Note: It is important to learn about the ways in which each CBO operates in their network to best tailor the recommendations in this report for their specific needs.

COMMUNITY-SERVING ORGANIZATION (CSO)

- Perform work in a focal community but are not required to have main operating offices in the community being served.
- Have an interest in the well-being of community members but can be governed by representatives that are not members of the focal community.

COMMUNITY POWER BUILDING ORGANIZATION (CPBO)

- Organizations that may be identified by geography (e.g. local, state, regional, national), demography (e.g. youth, workers, multi-racial) or issue(s) (e.g. workers' rights, environmental justice, multi-issue) that conduct a range of activities including base-building.
- Aim to build community power to change laws and policies that affect living, working and/or social conditions.
- Include, but are not limited to, grassroots organizing groups, social movement groups, movement-building organizations, community-based organizations, community organizing groups and base building groups.
- Note: While we do not delve deeply into CPBOs within this report, we want to acknowledge that CPBOs play a critical role in supporting health department-CBO partnerships to advance along the Spectrum of Community Engagement, particularly when progressing from the Consult stage onward.

DEFINITIONS

CAPACITY BUILDING⁴⁻⁶

The process of developing and strengthening the skills, knowledge, resources and organizational structures of individuals, communities or institutions. The aim is to enhance these structures' ability to effectively address challenges, implement initiatives and achieve sustainable development.

HEALTH⁷

The state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 2005).

HEALTH DEPARTMENT

For the purpose of this report, health departments are defined as local, state or federal government agencies charged with the oversight of the public's health in their jurisdiction. It does not include tribal health facilities funded by the Indian Health Service or other human services agencies.

HEALTH EQUITY

The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing efforts that remove systemic barriers and provide opportunities for everyone to thrive, through the leadership of impacted communities. In this report's context, health equity is also a lever through which repairing harms caused by structural racism is made possible.

HEALTH INEQUITIES

For the purpose of this report, this refers to the over-representation of negative health outcomes among communities impacted by systemic injustices. This is a result of the systemic gap created between these impacted communities and the decision-making processes that govern their lives and elements of it, such as: health care management, housing, healthy food, energy and education.

PARTNERSHIPS

Various forms of informal and formal relationships, including contractual relationships, funding relationships, consortium/coalition membership, etc.

DEFINITIONS

TRANSFORMATIONAL PARTNERSHIPS

For the purpose of this report, these refer to partnerships between health departments and CBOs (or communities) that are inclusive and center the voice and needs of communities shouldering the greatest burden of health challenges due to systemic inequities. They enable the sharing of power and upholding of accountability. They are founded on a shared set of values, are purposeful and aimed at solving problems in systemic ways that eliminate inequities. They are sustained so that they have continued capacity to best serve community interests irrespective of leadership structure changes or turnover.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

The conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. Often, Black, Indigenous and People of Color (BIPOC) communities and low-income communities tend to experience disproportionately negative health outcomes due to being subject to compounded SDOH.

SYSTEMIC RACISM⁸

A form of racism that is “pervasively and deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences. Examples include residential segregation, unfair lending practices and other barriers to home ownership and accumulating wealth, schools’ dependence on local property taxes, environmental injustice, biased policing and sentencing of men and boys of color, and voter suppression policies.”

ASSESSING ALIGNMENT AND PREPAREDNESS FOR PARTNERSHIPS

Setting a strong foundation for transformational partnerships requires assessing the alignment of partnership goals, so that each party feels prepared to engage in a fruitful and authentic partnership.

This entails conducting individual and collective assessments to gauge whether conditions are conducive for productive and authentic partnerships and identifying potential gaps or differences that may lead

to challenges. Assessment criteria could include whether there is: mutual interest in partnering, overlapping partnership goals and a willingness to work together to address power dynamics.⁹

There are many existing resources health department and CBO partners can use to understand their preparedness, and we encourage partners to revisit these to understand how conditions are changing and opportunities for improvement.

RESOURCES

- [Community Tool Box, Section 9: Assessing Community Readiness](#)
- [Himmelman Consulting, Collaboration for Change, Working Strategies, Page 4](#)
- [NACCHO, MAPP Power Primer](#)
- [Pathways to Population Health Equity](#)
- [Win Network, Vital Conditions](#)

Public Health System Dimensions for Action

Interviews and insight sessions with both health departments and CBOs identified four public health system dimensions as institutional levers to strengthen partnerships.

These dimensions underscore the importance of strengthening partnerships across all public health, not just the provision of direct services.

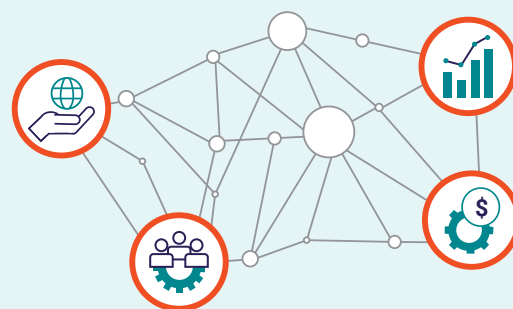
While these dimensions may not fully embody all possible arenas of action, we prioritized those most frequently raised by interviewees.

NOTE:

While not the same, the dimensions align closely with the Georgia Health Policy Center's Aligning Systems for Health core components to facilitate alignment in partnerships across public health, healthcare and social service organizations.¹⁰

SYSTEM DIMENSIONS

We define system dimensions as concrete features of the public health system, each of which are in service of one or more of the 10 Essential Public Health Services.



- 1 Organizational Culture
- 2 Governance and Leadership Infrastructure
- 3 Data, Measurement and Evaluation
- 4 Funding and Other Investments



ORGANIZATIONAL CULTURE

What It Means

Organizational culture reflects the organizational values, priorities, mindsets and practices, along with the organization's understanding and use of power, that influence decisions. These elements, standardized and normalized over time through operational policies and practices and by organizational leadership, influence choices about how and what information is shared with the community, decisions about who is included in discussions about community priorities and how decisions are made.

A Few Ways to Transform Community Ownership

Leaders practice facilitative and distributive leadership.

Leaders strive to build a diverse workforce reflective of all communities served.

Health departments foster a collective internal mindset centering health equity and community power and prioritizing actions that address the root causes of health, including social determinants and unjust systems of power.

Staff and leaders are purpose-driven.

Health departments prioritize their role as a co-convener of those dedicated to achieving health equity.

Health departments see themselves as serving their constituents.

Staff and leaders see themselves as part of a larger health equity ecosystem, striving to play their unique role well and in healthy relationship with other players in the ecosystem.

Staff and leaders recognize the importance of collaborating with communities and work to break down internal silos that hinder the effectiveness of initiatives.

Foster a collective internal mindset that centers health equity and community power and prioritizes actions that address the root causes of health, including social determinants and unjust systems of power.



LEADERSHIP AND GOVERNANCE

What It Means

Leadership and governance refer to the processes and policies which dictate roles, responsibilities, decision-making and how power is wielded within the health department as well as with external partnerships, such as CBOs. This encompasses the structures that help to support and sustain organizational culture and effectiveness.

A Few Ways to Transform Leadership and Governance

Authority is intentionally delegated to staff involved in health equity work and with communities.

Leadership is adept at handling political dynamics and taking calculated risks in supporting community power-building.

Senior leadership creates structures and conditions that prioritize collaboration, shared leadership roles and decision-making internally across levels of staff and externally in CBO partnerships for health equity.

Official policies and processes center health equity and community power to ensure that community partnerships withstand the test of time.

Leadership supports ongoing community convenings to understand the causes of health inequities and identify community-driven solutions.



DATA, MEASUREMENT AND EVALUATION

What It Means

Data, measurement and evaluation reflects building and maintaining public health data systems and technology (e.g., surveillance systems) that support the community, using data to support decision-making around priorities, sharing public health data, pursuing data system modernization, evaluation processes and tracking progress toward goals.

A Few Ways to Transform Data, Measurement and Evaluation

Health departments value the perspectives of community partners in collecting and analyzing health equity data and value qualitative data as equal alongside quantitative.

Data is transparently shared with CBOs and community members to provide valuable insights, foster equitable decision-making and enable participation in policy discussions.

Health departments regard data about communities as belonging to those communities.

Health departments work alongside CBOs to define health equity objectives against which they track progress publicly, and take guidance from the community's data needs and questions.

Health departments seek to measure and evaluate processes using indicators of importance to communities.

Data is used with a degree of flexibility by health departments allowing community members to raise issues of importance that may not be a "priority" according to available data.

Health departments engage CBOs and other community partners as decision-makers throughout the entire data life cycle – starting with planning through dissemination – for data projects.



FUNDING AND OTHER INVESTMENTS

What It Means

Funding and other investments reflects processes and decisions related to funding and other resources, including: external funding mechanisms (e.g., state or federal), internal funding processes (e.g., allocation of resources across units), processes related to grant making, contracting and giving incentives and funding reporting requirements. This also includes non-monetary resource allocation in the form of staff capacity and time invested in partnership activities.

A Few Ways to Transform Funding and Other Investments

Funding for health equity initiatives is prioritized and leveraged to create sustainable staffing and dedicated teams for health equity work.

CBO partners are adequately funded for their expertise and time while also minimizing the burdens often associated with governmental funding (e.g., lengthy and complex proposal processes, cumbersome reporting requirements, etc.).

Both monetary and non-monetary resources (e.g., time, training, staff capacity, technical assistance) are deployed to support CBO partners that engage in health department activities or seek funding and grants.

Funding supports the development of community-driven funds and community land trusts.

Regular assessments ensure funding flows to CBOs with the deepest ties to communities facing health inequities.

Leadership and staff are trained in and implement participatory budgeting with CBO partners.

The Spectrum of Community Engagement

The Spectrum of Community Engagement to Ownership developed by Rosa González of Facilitating Power is a transformative road map for activating the recommendations to strengthen health department and CBO partnerships.

The Spectrum's stages of community engagement to ownership unfold in developmental phases and reflect a journey that recalibrates imbalances between community power and institutional power.

Each stage on the Spectrum is vital for fostering community collaboration and governance—communities must be informed, consulted and involved.

Public health must also aspire to community power, which is the ability of communities to develop, sustain and grow an organized base of people to set agendas, shift public discourse, influence decision-makers and cultivate ongoing relationships of mutual accountability to change systems and advance health equity.

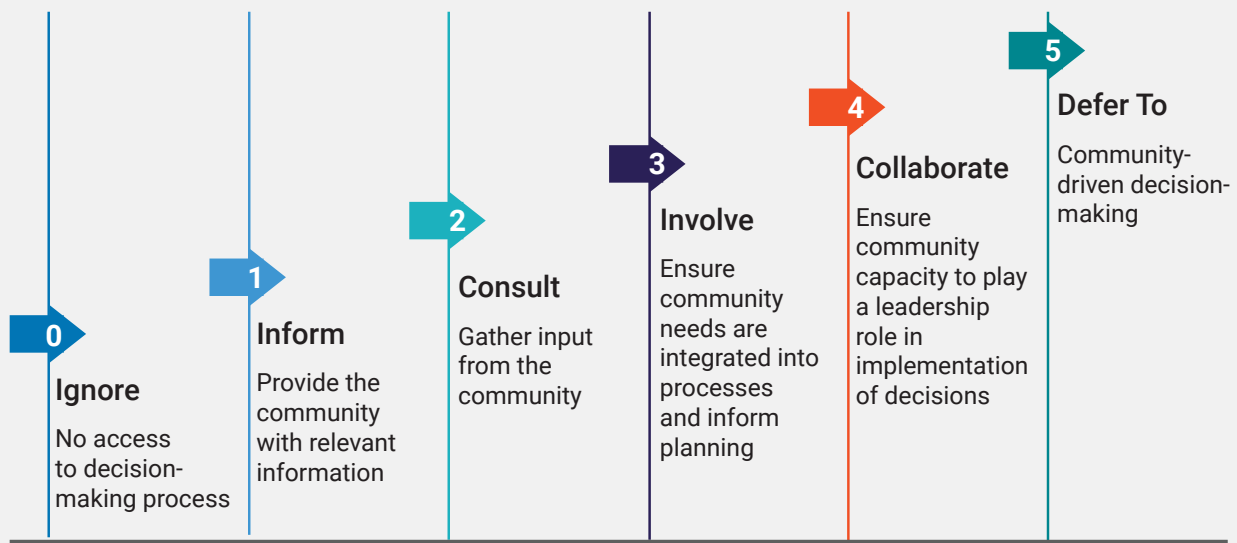
The Spectrum offers many advantages as a framework to organize our recommendations:

- It is sequential and highlights different power dynamics at each stage.
- It allows health departments and CBOs to assess aspects of their current partnership and consider what steps are necessary to move to the next, deeper level of partnership.
- It provides a way of reviewing each of the system dimensions that influence the strength of partnerships. The considerations at each stage prompt reflective questions and lay the groundwork for a collective vision of local community ownership.

STAGES OF THE SPECTRUM

At the start of the Spectrum, the Ignore stage is a reminder of the ways current public health systems can exclude communities. While this stage is not a developmental stage emphasized in these recommendations, it serves as a placeholder to reflect on systemic drivers of health inequities.

- 1. Inform:** The first developmental stage underscores the power of information as the foundation for action. While one-way information sharing can be helpful in preparing community members to participate in public health solutions, it can also inadvertently dictate solutions without engaging community participation. Often, one-way information focuses on personal responsibility as opposed to systemic solutions that address the root causes of health inequities.
- 2. Consult:** The second developmental stage explores the practice of seeking community input in pre-determined plans. Used well, it can engage community voice and needs before finalizing decisions and plans.
- 3. Involve:** The third developmental stage advocates for community organizing and power-building to ensure meaningful involvement and decision-making by impacted residents.
- 4. Collaborate:** The fourth developmental stage identifies opportunities for collaboration, emphasizing the importance of trust, power-building and healing.
- 5. Defer To:** The final developmental stage envisions the ultimate goal of community ownership, where communities have direct control over essential resources.



MAKING PROGRESS ALONG THE SPECTRUM

Partners are encouraged to embrace the imperfection and discomfort inherent in partnership-building. We also want to dispel any notions of inadequacy of a partnership operating at an early stage of the Spectrum. The Spectrum's developer, Rosa, reminds us, "there is no shame in being at a level 1 on the spectrum; ensuring the community is informed is an essential part of the work."

While advancing along the Spectrum is important, each stage includes key practices for more equitable partnerships. It is important to continually engage in and sharpen those practices.

Being "at" a developmental stage means a partnership is working toward honing the skills and values necessary to fulfill that level of engagement to the best of their abilities. It involves taking stock of the partnership's progress so far, its unique needs and the opportunities that exist to improve it.

We implore partners to remember and embody the why of engaging in this type of intentional, transformational partnership journey. Health equity, as a shared purpose between partners, is the foundation for meaningful partnerships. Extending beyond checking boxes, this is a mutual commitment to bettering the health of our communities.

ADDRESSING BACKWARDS MOVEMENT ALONG THE SPECTRUM

Pursuing transformative partnerships is not a linear process. Due to reasons such as changes in funding, staff turnover and political elections, partnerships operating at one stage (e.g. Involve-3) may move back (e.g., Consult-2). When this happens, we encourage partners to revisit the Core Values, remember their shared commitments and reflect on the following questions together to chart a path forward:

1. What conditions have changed?
2. What can we learn from these changes?
3. What lessons can be applied in the future to better engage impacted communities and strengthen critical community partnerships?

DEVELOP A GROWTH MINDSET

Acknowledging the diverse political realities, internal capacities, resources and external factors influencing partnerships, our recommendations encourage partners to take a mindset intent on learning and growth, regardless of the partnership's stage on the Spectrum.¹²

THE RECOMMENDATIONS

We provide suggested actions across [four system dimensions](#) to strengthen partnerships between health departments and CBOs regardless of their current position on [the Spectrum of Community Engagement](#).

It is important to apply these recommendations to your local context. Both health departments and CBOs should identify opportunities in their own jurisdictions to pursue and promote the recommendations by engaging direct participation from their communities, particularly those most impacted by inequities.

To successfully implement the report's recommendations and navigate the Spectrum, it is crucial to recognize this as a developmental process. Each stage plays a pivotal role: from information-sharing for effective participation to consulting community members and groups for critical insights, creating conditions for authentic involvement and transforming engagement culture through genuine partnerships.

The recommendations provide guidance for making progress towards achieving Community Ownership (Defer To-5). As you work to apply these recommendations, remember to add in your local context and relationship history. Not all agencies and/or relationships will be operating at Community Ownership across all four system dimensions.

These recommendations are also not an exhaustive list of the opportunities available to strengthen partnerships between communities and health departments. They will serve as a starting point for some and a next step for others.



The most important measure of success is to carry a growth mindset. Focus on moving forward—even if by small steps—where there is opportunity to do so and where communities agree progress is needed.

MORE RESOURCES

[Appendix B: Practice Chapters](#) delve into additional practical solutions corresponding to each set of recommendations.

INFORM

PROVIDE THE COMMUNITY WITH RELEVANT INFORMATION

Information is a currency of power and is foundational for creating sustainable solutions to the issues faced by communities. When communities are unable to access the data necessary to lead the defining and shaping of community initiatives, community power and decision-making are diminished.

Identifying with the Inform Stage

If a program or initiative is operating in the Inform (1) stage, community partners may have access to existing public forums or communication channels (e.g., health department email address) to express their support or objection of the department activities but are likely not being proactively or intentionally included in the development of the department initiatives, data or policies.

At the Inform (1) stage, department's information workflows may reflect one-way information sharing practices. In many cases, one-way communication practices are a good place to start to develop equitable approaches to communicating regularly with communities.

The goal in this stage is to foster accountability for and transparency of health department activities, progress and decisions, even if communities are not yet informing them directly.

Health department activities at this stage may include:

- Using public webpages to share information on funding opportunities or sharing population and disease specific data. Information may not always be translated across multiple languages or accessibility formats, but it is actively made available for public access
- Sharing opportunities for public participation in health promotion, communication and data activities through news outlets and email listservs
- Obtaining buy-in from department leadership and creating internal processes for disseminating data on public webpages or to longtime CBO partners directly
- Working with CBOs to identify information needed to participate in the identification and implementation of health equity solutions

Reflection for Progression

To decide on whether you are positioned to begin the Inform (1) stage, we encourage health departments to practice applying the Core Values to assess the type of information that is shared with communities and CBOs, as well as the pathway and frequencies. Health departments may consider the following reflection questions:

- What types of information have been made accessible to community members? Does it reflect the local, dominant languages and is it culturally relevant?
- Where are opportunities to create containers/spaces and communities of practice for department staff to discuss organizational capacities and limits as well as project-level best practices for sharing information with communities?

“In a lot of ways, we’re the bridge builders between the agencies, where everyone is technical, and we’re really trying to find that middle ground between community needs...And that takes a lot of work, and that’s very challenging. So, I think, it’s a capacity thing. How do we create not just a team that supports the work but an agency that prioritizes and supports that work?”

– Public Health Department Interviewee

RECOMMENDATIONS FOR MOVING THROUGH **INFORM** STAGE

From our landscape assessment, we learned health departments are taking action to shift from one-way information sharing to more bi-directional sharing on their funding practices, decision-making structure and even internal capacity. In doing so, health departments may consider practicing the following actions across dimensions to build internal capacity that will consistently equip community members and CBO partners with the information they need to partner with the health department.

MUTUAL ACTIONS FOR CBOS TO SUPPORT HEALTH DEPARTMENTS IN THE INFORM STAGE

CBOs can identify community members to help the health department understand what communication resources and processes are needed for reaching residents. Responding to the department's surveys or requests for information is one way to assist health department partners in improving their internal communication processes and informing how they develop health communication initiatives.



ORGANIZATIONAL CULTURE

- Identify team members who have the skill sets and capacity to be the “bridge builders” in health department community engagement activities.
- For health department leadership, create container conversations where staff can examine and define departmental philosophies around community engagement and how that influences staffing and funding of programs.



DATA, MEASUREMENT AND EVALUATION

- Strengthen data dissemination efforts through engaging in discussions with CBO partners on health data needs, use and modes of sharing.
- Engage in identifying the gaps in data with CBOs and discuss efforts to improve these gaps.



LEADERSHIP AND GOVERNANCE

- Provide opportunities for health department staff to examine and influence external communication platforms and processes to promote community health literacy and health equity.
- Ensure departmental goals reflect building community capacity and trust.
- Consider setting project requirements and organizational mechanisms to ensure accessible and culturally relevant information. At this stage, organizational leaders should communicate with CBOs to identify the essential tools and information required for implementing health equity solutions.



FUNDING AND OTHER INVESTMENTS

- Utilize root-cause analyses and surveys to identify flexible funding approaches, like allowability of incentives, that can maximize culturally relevant, information-sharing initiatives.
- Examine current approaches for sharing funding opportunities with community members to ensure more equitable access to funding by organizations steeped in impacted communities.

CONSULT

GATHER INPUT FROM THE COMMUNITY

At the Consult (2) stage, the health department, in one or more of its programs or initiatives, has “sharpened its one-way communication with communities and is now better positioned to take on bi-directional information sharing.”

Identifying with the Consult Stage

The Consult (2) stage is the most common level of health department and CBO partnerships. It is usually showcased in meetings where community members and CBOs can give their feedback on vital data and stories for the development of health equity solutions. A drawback of this stage is the basic structure of program plans, problem analysis and data are defined before community is engaged. This can mean community members engaged in activities with health departments feel tokenized rather than represented.

At the Consult (2) stage, health department information workflows are in the early stages of creating community feedback loops. **The goal in this stage is to develop community-driven approaches for collecting community input on the activities and data of a new or existing initiative.** Health department activities at this stage may include:

- Using public forums and town halls to inform community members of and gather feedback on a new health initiative
- Engaging community members in focus group discussions and roundtables at the department offices
- Partnering with national affiliate groups rather than grassroots organizations to develop a shared analysis of a community, though they themselves may not be of the community of interest

Reflection for Progression

Progressing from the Inform (1) stage, we encourage health departments to reflect on whether they have the following practices and process in place to successfully manage bi-directional communication with community partners:

- Webpages or social media accounts which use culturally-relevant approaches and languages for the communities in their area, this can include contracting with grassroots organizations and vendors to produce the content
- Leadership buy-in and department support for sharing reasoning behind decisions related to funding, data and program development
- Internal mechanisms for mapping community partners, emphasizing grassroots and social service organizations

“What I really appreciate about [the health department] partnership is they really value our voice. They really listen to what we have to say. We have assistance with messaging. They send us things that don’t fit and need to be filled at notice, and I have people who will receive it to ‘say it this way.’ They really value that, and they will take [our feedback] into consideration and change it up.”

– CBO Interviewee

2 RECOMMENDATIONS FOR MOVING THROUGH CONSULT STAGE

Through our landscape assessment, we learned public health departments are taking action to open their communication channels to allow for community feedback on their funding practices, decision-making structure and data and evaluation activities. Health departments can consider practicing the following actions to build their capacity to routinely engage community partners for their insights.

MUTUAL ACTIONS FOR CBOS TO SUPPORT HEALTH DEPARTMENTS IN THE CONSULT STAGE

CBOs can gather resident perspectives, engage residents in ways that build relationship and trust, communicate in culturally responsive ways and advocate on community members' behalf. One of CBOs most important roles in the Consult stage is to amplify community voice and bring it into consultation spaces with health departments. CBOs can work with health departments to determine where there is interest from the community to collectively address issues of concern.



ORGANIZATIONAL CULTURE

- Empower health department teams, especially equity and inclusion offices, to prioritize community input early and often. Start by asking how CBOs want to be consulted. This will lead to authentic and substantive collaboration where all voices are valued.
- Develop a shared understanding of how power operates between health department staff and community partners, acknowledging relationship histories influencing current inequities.



LEADERSHIP AND GOVERNANCE

- Identify community leaders, inside and outside of the health department, for consultation when developing new initiatives around diversity, equity, inclusion, belonging and justice work.
- Establish a comprehensive community engagement process by hiring department staff as resources for capacity building alongside the development of a centralized list of CBO partners that are organized by their focal communities.



DATA, MEASUREMENT AND EVALUATION

- Create feedback loops so community partners understand the impact of their survey responses by learning about the data collected from the community, understanding how the department plans to act in response and the overall impact the survey results had on health priorities within the community. This energizes the community, while building and sustaining trust, preventing survey fatigue.
- Facilitate cross-sector spaces to engage diverse community partners in health department data initiatives. CBO partners can have a better understanding of available data while enhancing the accuracy and utility of data through community feedback.



FUNDING AND OTHER INVESTMENTS

- Allocate budgets that compensate community members for their time and expertise to prevent tokenization. Consider community-rooted incentives when funding CBOs for their knowledge.
- Provide resources for capacity building and training to empower community representatives to actively engage in consultation processes.
- Provide training to CBO partners on funding processes including proposal submission, report writing, budget consolidation, etc.

INVOLVE

ENSURE COMMUNITY NEEDS AND ASSETS ARE INTEGRATED INTO PROCESSES AND INFORM PLANNING

At the Involve (3) stage, health departments have sharpened their bi-directional communication and adopted approaches for gathering community input related to varied activities. The processes for gathering input are not only known by department staff, but also recognized by community partners.

Health departments are moving a step further to not only gather community input on pre-developed products and data measures but are integrating community needs and assets into formal decision-making processes.

Identifying with the Involve Stage

At this stage, community organizing and power-building is necessary to ensure communities are not tokenized and are informing decisions that will impact them directly. Health departments may not be directly engaged in community organizing activities, but they are working closely with community advocates and diverse partners to develop communications and data that can be used for deep systems change strategies.

At the Involve (3) stage, health department workflows are evolving to sustain community voice in their efforts and to ensure community feedback is a key driver in project development. More importantly, health departments are actively engaging community members and leaders to align and develop initiatives to meet community-defined goals. Health department activities at this stage may include:

- Interactive workshops and strategic planning sessions in local community centers or faith-based institutions led by the health department
- Routine community forums and town halls at the beginning of project development led by the health department.

Reflection for Progression

Progressing from the Consult (2) stage, we encourage health departments to reflect on whether they have the following practices and processes in place to successfully manage community and CBO involvement in the development of activities:

- Transparent, recognizable and accessible processes for collecting department staff and community partner feedback, ensuring that input is coming from a variety of community groups.
- Leadership buy-in and department support for integrating community input to drive changes on funding and data processes to ensure that community feedback can be seen to maintain accountability.
- A general practice of meeting community members at their preferred locations to gather feedback.
- A shared understanding within the department of social determinants of health that can be used as a primer for starting community partnerships.

“I do think our local health department is good about having it be community driven...Like when we did a large community health needs assessment...There were 60 people in the room, all from the community. So, it wasn’t dictated to us what to focus on, and that’s where you really get the buy-in. When someone feels like they were part of that process, they then support it.”

– CBO Interviewee

RECOMMENDATIONS FOR MOVING THROUGH INVOLVE STAGE

Through our landscape assessment, we learned health departments are taking action to authentically collect and integrate community input to develop and refine their programmatic and internal processes. Consider practicing the following actions to build health department capacity to routinely capture and act upon community insights.

MUTUAL ACTIONS FOR CBOS TO SUPPORT HEALTH DEPARTMENTS IN THE INVOLVE STAGE

CBOs can focus their community organizing efforts on establishing a platform where members and smaller organizations are prepared to engage with health department staff, providing information reflective of the communities' needs that aligns with health departments' processes. This involves community members attending health department meetings and equipping community members with storytelling tools to support improving initiatives and policies. This also involves designating a local organization, funded by the health department or other sources, to serve as the convener of the coalition.



ORGANIZATIONAL CULTURE

- Create a robust framework for open and transparent communication between central and regional offices, promoting community involvement and ensuring community input is continuously considered.
- Acknowledge while health departments may need communities for their work and programs, the reverse is not always true. Health department leadership should encourage staff to lead with humility, offering learning opportunities to help staff reckon and understand how structural racism and other systems of exclusion are operating in their community engagement activities.



DATA, MEASUREMENT AND EVALUATION

- Incorporate mechanisms to measure community-defined needs and assets in data collection processes to ensure planning is informed by the highest priorities of the community.
- Be adaptable when working with CBOs. Routinely solicit input on collection methods to ensure data collection tools are using inclusive language and the dissemination of findings reflect the lived experiences of community members.



LEADERSHIP AND GOVERNANCE

- Champion staff who lead community engagement efforts by creating opportunities for staff to lead trainings and internal policy change efforts.
- In health department initiatives and programs, examine when/where routine meetings can meet community members where they are, instead of expecting communities to commute to government offices.



FUNDING AND OTHER INVESTMENTS

- Create a structured funding mechanism to compensate organizations, particularly those providing pivotal services to the health department. This ensures their valuable contributions, such as language interpretation and cultural support, are acknowledged and adequately funded.
- Facilitate internal workshops and standards around participatory budgeting to enhance understanding of opportunities for increasing equity in grantmaking and traditional barriers CBOs face in accessing grant dollars.

COLLABORATE

ENSURE COMMUNITY CAPACITY TO PLAY A LEADERSHIP ROLE IN IMPLEMENTATION OF DECISIONS

At the Collaborate (4) stage, collaboration across sectors is used as a tool to increase community participation, beyond community input, in decision-making that impacts their communities and well-being. Through the leadership and delegated power of community leaders, structures of participation can be made more accessible and culturally relevant to groups who have been historically excluded. In turn, collaboration opens the door for more trusting relationships and can heal old divides across systems. Collaboration brings together unique strengths, assets and capacities essential to enacting needed solutions.

Identifying with the Collaborate Stage

At the Collaborate (4) stage, health departments have sharpened their bi-directional communication and have internal mechanisms in place for accountability to routinely incorporate community feedback. The goal at this stage is to evolve community engagement and involvement to a model of community participation, elevating practices of shared decision-making. Health departments actions at this stage may include:

- Creating memorandum of understanding (MOUs) with CBOs and community organizing groups that prioritize shared decision-making as well as the provision health services and upstream approaches that are of highest priority to communities.
- Developing joint community and health department team advisory councils and coalitions that have decision-making power over health department priorities, responses, programs and beyond.
- Supporting community-led capacity building workshops related to data, communications and funding.

Reflection for Progression

Progressing from the Involve (3) stage, we encourage health departments to reflect on whether they have the following practices and process in place to start participating in decision-making power:

An internal analysis of community partnerships can ensure partnerships with grassroots organizations in addition to traditional partners like national affiliate organizations.

- **Support capacity building:** Develop internal strategies through training or funding to support capacity building that increases the community's ability to engage in participatory decision-making bodies at the health department, such as health equity, Community Health Needs Assessment development, data modernization or specific project advisory or steering boards.
- **Analyze power:** Leadership support and buy-in for conducting and acting upon power analyses that can influence changes in policies and practices around collaborative decision-making.

For health departments, this stage may come with some of the most significant challenges as they work to shift their practices toward sharing leadership with CBOs and engaging in community organizing initiatives that influence local policies. Health departments will have to actively acknowledge and work to understand deeper power dynamics between their community partners to ensure that community leadership and power is being fostered through their processes.

At the Collaborate stage, rather than involving community groups in processes initiated by the public health department, community groups are present from the outset of process decisions. Communities actively contribute to defining the problem, participate in co-designing and co-facilitate planning processes to address health inequities and ensure an approach that enhances strengths and fulfills the specific needs of communities.

RECOMMENDATIONS FOR MOVING THROUGH COLLABORATE STAGE

Below, we offer tactical and aspirational recommendations, hoping to support health departments as they evolve their community engagement approaches and as they pilot and adjust the recommendations to fit their unique needs. We encourage health departments to practice the following actions to build their capacity to routinely co-create and share decision-making power with their community partners.

The Collaborate Stage involves greater levels of shared decision-making power with community partners and members. Many health departments receive funding that has its own Federal and state requirements or work within local regulations which may make these recommendations unallowable as written. If this is the case for your health department, consider other ways to move toward the Collaborate Stage in your current capacity. While creating change within the current systems is necessary, the recommendations also place importance on creating change to the systems themselves through the entire public health system—including funders, national agencies and others—shifting practices and policies to fully support local partnerships.

MUTUAL ACTIONS FOR CBOS TO SUPPORT HEALTH DEPARTMENTS IN THE COLLABORATE STAGE

CBOs can assist health departments in creating community participation models by aligning community members on decision-making and participation agreements, addressing aspects such as representation at collaboration initiatives with health departments and resolving disagreements. CBOs can develop procedures to support participatory budgeting processes with the health department and build standardize processes for inputting financial information needed for funding asks that withstand employee turnover.



ORGANIZATIONAL CULTURE

- Recognize CBOs serve as experts within their communities, providing valuable guidance informed by community perspectives. This recognition involves staff members who actively seek to learn and promote a cultural shift at the department inspired by their CBO partners.
- Implement internal, inter-departmental collaboration practices, such as regular workshops, communities of practice, rotational assignments and cross-department projects, to breakdown silos and promote cross-organizational learning.



LEADERSHIP AND GOVERNANCE

- Create and co-lead external-facing communities of practice to establish inclusive relationships and jointly share knowledge around particular topics of importance to both groups.
- Develop decision-making bodies for health department initiatives that include representatives in leadership roles from groups historically excluded. Adequately resource them to participate.
- When establishing teams dedicated to community engagement, determine organizational placement to optimize cross-department collaboration and align seamlessly with ongoing initiatives.



DATA, MEASUREMENT AND EVALUATION

- Promote collaborative decision-making with CBOs in data modernization and routine data processes. For example, departments can create community boards that advise surveillance systems from planning through data sharing and data sharing platforms that provide opportunities for feedback.
- Include metrics to measure community power and trust building as well as their impact on community partners, department staff and operations by integrating metrics into internal and organizational evaluations.



FUNDING AND OTHER INVESTMENTS

- Leverage the skills of internal team members and grant specialists to offer guidance to CBOs during the grant application process. This includes offering webinars and office hours to help CBOs understand the intricacies of grant applications and providing insights and edits for increased success.
- Implement participatory grant-making processes where community members collectively decide on resource allocation (e.g., advisory council). Participatory grant-making shifts power by involving communities in grant decisions and fostering decentralized decision-making.¹³⁻¹⁴

DEFER TO

BRIDGE THE GAP BETWEEN COMMUNITY AND GOVERNANCE

At the Defer To (5) stage, health departments have built their internal capacity and the capacity of community partners to develop community-led approaches to address and reduce health inequities. Community engagement activities have evolved to community ownership with the health department serving as a support team to community leaders. For support, the health department is looking to build and sustain the infrastructure for community-owned initiatives through capacity building efforts, collaborative governance, participatory funding approaches and community led and defined data activities.

The Defer To (5) stage, at its core, is about strengthening local democracies, elevating community leadership and ending community dependency. Health departments actions at this stage may include:

- Co-fundraising and co-developing funding proposals with CBOs
- Routine translation of community priorities into health department reports, data and action that can influence local policy change

Reflection for Progression

Progressing from the Collaborate (4) stage, we encourage health departments to reflect on whether they have access to the following resources, practices and process to successfully manage community involvement in the development of activities:

- Health department staff who are versed in coalition building and community organizing approaches as well as internal support for leadership of community power-building activities
- Health department staff who support community-owned initiatives exist across several departments, working to create the infrastructure to embed community driven approaches across a variety of public health focal areas
- Leadership buy-in to incorporate power-building practices into data, funding and communication processes
- An internal strategy for connecting health department and CBO co-led efforts to policy plans and changes

“We have a health equity team of roughly 30 people divided into two groups. One being the health equity outreach teams, and then another health equity team that’s focused on more internal policy around education. And then the other piece of our health equity team is more of community outreach, community involvement...comprised of core representatives in the community that have higher stakes.”

–Health Department Interviewee

Advancing toward the Defer To stage is facilitated by the work of CBOs, particularly those that organize constituents around community priorities. In this case, deferring to individuals not part of a larger community organizing process is recommended. Health departments should focus on cultivating meaningful partnerships with CBOs rooted in impacted communities, collaboratively developing sustainable solutions, contributing to their capacity and building internal capabilities to effectively “defer to” communities aligning on health equity solutions for the common good.

The Defer To stage involves greater levels of shared decision-making power with community partners and members. Many health departments receive funding that has its own Federal and state requirements or work within local regulations which may make these recommendations unallowable as written. If this is the case for your health department, consider other ways to move toward the Collaborate Stage in your current capacity. While creating change within the current systems is necessary, the recommendations also place importance on creating change to the systems themselves through the entire public health system—including funders, national agencies and others—shifting practices and policies to fully support local partnerships.

MUTUAL ACTIONS FOR CBOS TO SUPPORT HEALTH DEPARTMENTS IN THE DEFER TO STAGE

CBOs, at this stage, can be considered the liaison for the ongoing transfer of decision-making and ownership from the health department to their community members. As such, they can establish regular touch points to ensure that their communities most impacted by inequities are represented and have purview over decisions. CBOs can also support maintaining the bi-directional trust that has been built between health departments and their communities.



ORGANIZATIONAL CULTURE

- Work closely with department staff leading community engagement efforts to understand organizational limitations in emphasizing community ownership as well as social, economic and political challenges in supporting such efforts.
- Create internal language and build internal capacity for consensus-building and other democratic practices where staff and constituents influence local policy changes.



DATA, MEASUREMENT AND EVALUATION

- Establish a community data governance council with a majority of voting members representing served communities. Implement codified policies to empower the council with substantial decision-making authority over data projects, including approving protocols, voting on key decisions and determining who has access to data.
- Respect Indigenous data sovereignty it is a need for governance that is a result of the treaty and trust responsibilities it is different with tribal nations compared to any other racial or ethnic group.
- Give CBO grantees authority over key evaluation components, including questions, metrics, methods and analysis. This ensures evaluation activities are shaped by the CBOs actively representing the communities involved.



LEADERSHIP AND GOVERNANCE

- Allocate protected time for staff to participate in coalitions and community collectives.
- Establish inclusive boards that advocate and support CBOs to lead community-driven planning initiatives, ensuring community representatives are the decision-makers who drive departmental decisions.
- Reflect on the representation of the department's board and work with CBOs to reimagine health department governance as deeply collaborative, pluralistic and participatory.



FUNDING AND OTHER INVESTMENTS

- Explore participatory budgeting approaches to build community capacity to manage complex funding opportunities that support community-grounded efforts for health equity.
- Use a community budgetary advisory committee who approves the health department budget overall and/or individual program and initiative budgets.

NOTE:

See [Best Practices for American Indian and Alaska Native Data Collection from the Urban Indian Health Institute](#) for guidance on promoting Indigenous data sovereignty.

CONCLUSION

This report offers strategic recommendations for health departments and CBOs to strengthen their partnerships and build community ownership and power. Framed within *The Spectrum of Community Engagement to Ownership* and anchored in a set of core values, they inspire a transformative approach to rebuild trust and forge enduring health equity initiatives through shared, community-driven solutions across four system dimensions.

The recommendations are not intended as a one-size-fits-all approach. We suggest each partnership prioritizes the recommendations most relevant to their unique relationship, local context, partnership needs and capacity limitations.¹⁵

To transform public health, communities and individuals most impacted by systemic injustices will need to lead next steps in partnerships and moving forward in healing and repairing the harms they have experienced. For those specifically partnering with tribal health facilities funded by the Indian Health Service, we offer some beginning insights and resources [Appendix D](#).

These recommendations are a step toward a long-term vision and movement where everyone has the opportunity to live their healthiest quality of life, and communities have the power to determine their own future.

The recommendations are a commitment to prioritizing progress over perfection and do not encapsulate the universe of best practices for partnership. We hope they offer guiding, tangible steps and showcase a range of opportunities to achieve systemic change.

Finally, we hope these recommendations communicate a message of hope for a stronger, more unified public health ecosystem—one centered in community and humility to pursue the health and well-being of all communities.

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There are many thought leaders and experts across fields working to strengthen partnerships between health departments and CBOs. This list does not represent an exhaustive compilation of all of those contributing to this field. Rather, it includes sources directly used throughout this report.

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ADDITIONAL RESOURCES

The below resources offer additional insight and guidance as you continue strengthening relationships between governmental public health agencies and community organizations.

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APPENDIX

The Appendix contains additional resources for strengthening the relationship between health departments and CBOs. Including, real-life examples from real partnerships to demonstrate application of the core values and recommendations.

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Appendix A: Methods

To develop these recommendations, we completed a comprehensive landscape assessment. This included document reviews and interviews with health department and CBO leaders and staff followed by focus groups, what we refer to as insight sessions, to test whether the identified themes resonated with experiences. In remaining consistent with our recommendation to engage community in developing solutions, we included CBO, health department, national partner, philanthropic and project partners in the review of our report, incorporating their feedback into the final draft. We also engaged Rosa González, the creator of the *Spectrum of Community Engagement to Ownership*, in the integration of the Spectrum to frame our recommendations.

DOCUMENT REVIEW

More than 50 documents guided our understanding of existing activities related to partnerships between CBOs and public health departments.

- Identified a gap in the literature: recommendations driven by the community voice.
- Developed interview guides for both CBOs and public health departments.
- Ask “What can public health departments do to build and sustain equitable partnerships with community partners?”

INTERVIEWS

A range of representatives were selected from CBOs and health departments with attention paid to geography, populations served, state and local level and internal capacity.

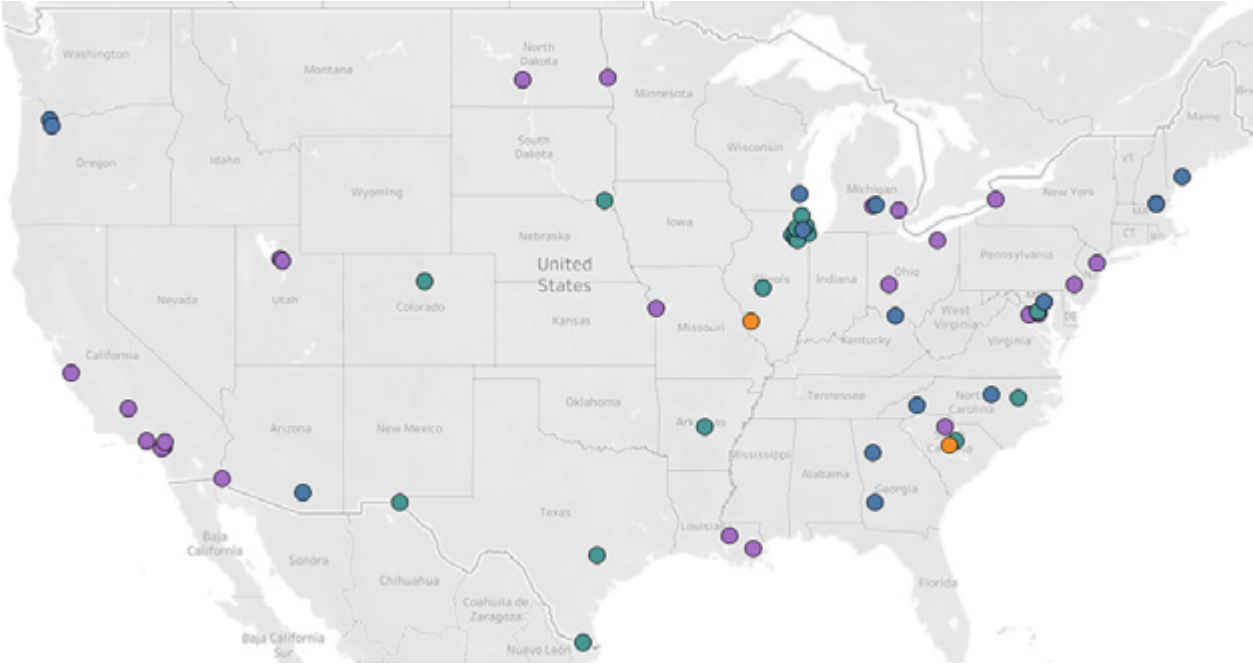
- Conducted 27 in-depth interviews with CBOs and health departments.
- Six of the 27 were dyads (a CBO and public health department in an active partnership).
- Oversampled CBO partners to elevate their perspective (See Figure 1 for map).
- Identified four system dimensions.

INSIGHT SESSIONS

The CDC Foundation team conducted four rounds of insight sessions with 117 CBOs and public health departments to gather feedback on the feasibility and potential challenges of the draft recommendations.

- Feedback on framing the recommendations with the *Spectrum of Community Engagement to Ownership*.

Figure 1: Map of CBOs and Health Department Participants



Appendix B: Practice Chapters

Creating systemic change through authentic partnerships requires the layered and ongoing practice of these recommendations throughout the developmental phases.

To aid in this continuing effort, and in addition to the recommendations, we offer the following examples as ideas for health departments as they work to strengthen their partnerships with CBOs.

INFORM

PROVIDE THE COMMUNITY WITH RELEVANT INFORMATION

At the Inform (1) Stage, health department information workflows may reflect one-way information sharing practices. In many cases, one-way communication practices are a good place to start developing equitable approaches to communicating regularly with communities.

Inform Stage Goal

The goal in the Inform Stage is to foster accountability for and transparency of health department activities, progress and decisions, even if communities are not yet informing them directly.

MORE RESOURCES

In this practice chapter, you will find additional examples to help health departments and their CBO partners identify and implement approaches for improving their one-way communication practices.

In addition to these examples, we encourage you to review:

- Urban Institute, [Do No Harm Communication Guide](#)

PRACTICE CHALLENGES (AS REPORTED BY CBOS AND HEALTH DEPARTMENTS)

There is no one size fits all approach to working with communities. Our recommendations are crafted in response to the challenges shared through the landscape assessment. We recognize the recommendations may not address all current and future challenges, so we look to other critical partners who can play a role in shaping the ecosystem that influences governmental public health relationships with communities to fill the gaps.

- “Closed room decision-making” among health department staff and leadership and between communities.
 - Health department staff often lack awareness of why certain priorities have been set or program partners have been chosen, limiting their ability to be transparent with community partners about key decisions that shape the initiative.
 - Communities are still seen as recipients of a program rather than beneficiaries.
- Political tension and department capacity challenges can create complexity of decision-making and information sharing.



ORGANIZATIONAL CULTURE

RECOMMENDATION: Identify team members who have the skill set and capacity to be the “bridge builder” within the technical aspects of your community engagement activities.

- Ensure teams that regularly engage communities have the leadership support and capacity to be available in informal ways to answer community inquiries through calls and emails.
- Reflect on the types of programs where bridge-building staff members do or do not exist. For example, do they only exist for maternal and child health activities?
- Hire from the community when possible. Have community engagement as a required skill for roles that are responsible for relationship management. More importantly, reinforce why these skills are desirable and should be respected.

RECOMMENDATION: For health department leadership, begin examining and defining departmental philosophies around community engagement and how that might influence staffing and funding of programs.

- Create “container conversations” and communities of practice where staff can share practical programmatic applications and challenges to developing and managing information mechanisms for community members.
- Develop an internal narrative with department staff about community engagement, taking into account the department’s relationship and history with community members who are benefactors of the department’s programs.
- Facilitate an internal culture where staff can make space for community priorities even when the funding is not there. Lead with the question, “How can the health department serve you?”



LEADERSHIP AND GOVERNANCE

- **RECOMMENDATION: Ensure external communication platforms and processes promote health literacy. Include building community capacity and trust in departmental goals.**
 - Create opportunities for staff to examine the accessibility and cultural relevance of their project’s communication and promotion activities.
 - Assure leadership is open to feedback on how the department’s current communication systems and protocols may inhibit or facilitate information sharing with communities.
 - Begin developing public surveys to gather information on the performance and utility of community information platforms. These can be shared directly with longtime CBO partners to provide insight.

- **RECOMMENDATION: Create opportunities to communicate broader health department goals and priorities alongside specific program progress.**
 - Make content on priority areas available and accessible on public websites and social media accounts so that communities can begin to align efforts to emerging department goals.

- **RECOMMENDATION: Build internal standards for community engagement. Test approaches that fit the needs of both the health department teams and the communities which with they regularly work.**
 - Create a comprehensive list of CBO partners and resources for staff and partners to utilize and share. Implement timelines for regular updates.

- **RECOMMENDATION:** Consider setting project requirements and organizational mechanisms for accessible, culturally relevant and rooted information. At this stage, organizational leaders should communicate with CBOs to identify the essential tools and information required for implementing health equity solutions.
 - Develop or adopt programmatic guidelines for reviewing or creating health promotion materials.
 - Create a vendor list of CBOs and other local organizations that can support translation work.
 - Create a requirement for staff to include a community-informed communications plan with outlined approaches for reaching intended communities.



DATA, MEASUREMENT AND EVALUATION

RECOMMENDATION: Strengthen data dissemination efforts through enhanced communication.

- If health departments are requesting CBO partners to collect data, health departments should transparently share their data dissemination plans as well as any final products using partner data.
- Engage in explicit discussions with CBO partners about how they use community health-related data, their data needs and their priorities for how the data should be used for action.
- Share products that include data collected by or pertaining to CBO partners and their communities for feedback prior to publishing/disseminating.
- Administer questionnaires and surveys to capture community data needs and to understand CBOs experiences with the data collection process for grants or other initiatives. Commit to reviewing these findings and revising data processes where possible.
- Even if data analysts and epidemiologists are not always able to gather CBO partner input on data processes, they can refer to the extensive literature on ways to increase the accuracy of data related to health equity, such as: information on how to better disaggregate by race/ethnicity; guidance on improving measurement of the social determinants of health, structural racism and other systems of oppression; and methods for dealing with small sample sizes so data on diverse groups is not aggregated into all-encompassing categories.



FUNDING AND OTHER INVESTMENTS

RECOMMENDATION: Offer more flexible funding to CBOs for culturally relevant, information-sharing initiatives.

- Evaluate the distribution of grants, emphasizing root-cause analysis and systems transformation in contrast to more rigid service grants. Share this information with CBOs to facilitate informed decision-making and align funding with culturally rooted and relevant approaches.
- Survey or discuss application and reporting issues with CBO grantee partners to understand where the department processes are burdensome or lack clarity for grantees. Share these findings across department staff who build community-based funding opportunities.
- Provide financial accountability and reporting training to CBOs to build capacity to manage federal budgets.
- Allow for incentives that can increase community participation and outreach.

RECOMMENDATION: Examine current approaches for sharing funding opportunities with community members to ensure equitable access and cultural awareness in delivering health information to impacted communities.

- Revise funding policies to allocate resources supporting the development of accessible and multilingual materials. If necessary, consider contracting with field experts and grassroots organizations to perform this work.
- When sharing a new funding opportunity, look for places beyond the department's webpage to identify local partners who can share the opportunity with priority community leaders.

RECOMMENDATION: Foster a cooperative atmosphere for meaningful discussions to help discussions regarding competition for the same funding be perceived as informed collaboration and partnership, not as rivalry or vendor relationships.

- Provide feedback to grantee partners regarding the reasons for funding limitations or denials of awards and elevate areas that can build the CBO capacity to be a competitive candidate.
- When setting the scoring criteria for CBO-funded projects, prioritize natural strengths, like partnership engagement, advocacy and trust building, that can help to elevate key skills for successfully engaging communities.

CONSULT

GATHER INPUT FROM THE COMMUNITY

At the Consult (2) stage, health department information workflows are in the early stages of creating community feedback loops across their funding and data processes to improve health equity.

Consult Stage Goal

The goal in the Consult Stage is to develop community-driven approaches for collecting community input on the activities and data of a new or existing initiative.

MORE RESOURCES

In this practice chapter, you will find additional examples to help health departments and their CBO partners identify and implement approaches for improving their bi-directional communication practices.

In addition to these examples, we encourage you to review:

- Human Impact Partners, [Bringing Light and Heat: An Equity Guide for Healthcare Transformation and Accountability](#)

PRACTICE CHALLENGES (AS REPORTED BY CBOS AND HEALTH DEPARTMENTS)

There is no one size fits all approach to working with communities. Our recommendations are crafted in response to the challenges shared through the landscape assessment. We recognize the recommendations may not address all current and future challenges, so we look to other critical partners who can play a role in shaping the ecosystem that influences governmental public health relationships with communities to fill the gaps.

- A lack of clear distinction between CBOs and nonprofits creates an unfair advantage for nonprofit hospitals and health centers when competing with CBOs for community-based funds. Grassroot organizations capacity and credibility are questioned when considered for funding opportunities.
- CBO partners elevated data fatigue comes from participating in planning activities that do not lead to action, especially if the CBO has existing efforts that can address the inequities identified in the data.



ORGANIZATIONAL CULTURE

RECOMMENDATION: Empower health department teams, especially equity and inclusion offices, to prioritize community input early and often. Start by asking how CBOs want to be consulted. Ensure that community input is genuine and leads to substantive collaboration.

- Create and facilitate process evaluation to reflect on the partnership generally by engaging community partners in design and implementation. Consider if/how trust is being built over time between the partners, what is contributing to trust building and identifying strategic actions.
- Examine internal health department community outreach practices to identify how to adopt standardized definitions for CBO and CPBO to guide selection of grassroots partners.
- Encourage team members and community partners to share input and suggestions freely, creating a culture of inclusive dialogue where all voices are valued and respected.
- Acknowledge and celebrate small victories along the collaborative journey. Recognize achievements, no matter how incremental, to build morale and sustain momentum.
- Foster a positive and collaborative atmosphere by implementing regular recognition ceremonies or practices to collectively celebrate achievements.

RECOMMENDATION: Implement narrative shift work internally among health department leadership to transform a common mindset where communities and health departments are two entities on opposite sides of a table, and instead understand their partnership as a singular functioning unit.

- Communities are seen as assets to a health department's work, not just the recipients of their services through storytelling type messaging or hosting round table meetings with CBO leaders and internal leadership departments.



ORGANIZATIONAL CULTURE

RECOMMENDATION: Develop and standardize shared understanding of how power operates with health department staff and community partners, making space to understand how power can also intersect across internal and external partnerships.

- Create internal opportunities to educate staff on the history of the department. Encourage staff to also work with community members to learn the history of these relationships and how they have shaped current inequities.
- At the beginning of new projects or activity periods, conduct power analyses involving relevant department staff and partners to examine how power dynamics, both inside and outside the department, are influencing projects and the relationships with community partners and other team members.
- Leadership provides early training on antiracist approaches for all levels of staff and leadership, particularly for those in decision-making positions.
- Leadership fosters a culture of strong messaging and active support to staff working in community engagement activities when they acknowledge the department's [in]direct responsibility for past community harms or institutional shortcomings.
- Be sure the activities and commitments listed above are understood as the responsibility of all staff and leadership, not just one office, leader or team.

RECOMMENDATION: Facilitate the active involvement of community partners by encouraging focused and intentional initial steps. Recognize community input as a valuable resource to inform the development of community-specific resources and programs.

- Prioritize the quality of partnerships by candidly assessing capacity and limitations. Initiate engagement with smaller communities as a starting point and maintain continuous communication with them. (For example: church members, clergy, beauty/barber shops, restaurants, etc.)
- Utilize culturally appropriate forums, polls and surveys to create intentional spaces for community members to ask questions on project decisions.



LEADERSHIP AND GOVERNANCE

RECOMMENDATION: Identify community leaders, inside and outside of the health department, to serve as points of contact for consultation when developing new initiatives.

- At the outset of new projects or funding periods, assess community partners and their connection to community needs. Recognize the possibility of new partnerships that can bring the department closer to impacted communities.
- Hire department staff who can serve as a community engagement and capacity building resources, building an infrastructure for supporting the development of authentic outreach strategies.
- Develop a centralized list of CBO and community partners, organized by their interest area and focal communities, that can be served as a resource for department teams when developing new initiatives.



DATA, MEASUREMENT AND EVALUATION

RECOMMENDATION: Go beyond mere consultation by seeking CBO insights throughout the data life cycle, from planning to collecting to analyzing to accessing to dissemination.

- Create cross-sector spaces where various community partners can engage with the health department in data initiatives, such as data modernization efforts or surveillance systems, to increase CBO awareness and knowledge of available data as well as to increase the accuracy and utility of public health data through community feedback.
- Host conversations around data sharing practices and identify opportunities to make shared data more accessible and relevant to community needs.
- Engage CBOs to regularly assess the ways the health department collects information about different demographic groups.
- When building a new program, allow the community to define how they would like to measure concepts like ‘power’ and ‘partnerships’ to foster health department accountability and evaluate their progress and impact.
- In job descriptions, include expectations that data-focused team members also engage regularly in community-led activities to ensure a good understanding of community priorities, needs and strengths which can be embedded into data work.
- Share data analyses and findings with CBO partners to solicit their interpretations, identify potential confounding factors and illuminate opportunities for action and response.
- Ask CBO partners how the health department can support their data needs, respond to these requests and collaborate with CBOs upon sharing the data to ensure their questions are answered and they are confident in leveraging the data for their own aims.
- Ask CBO grantees what outcomes and measures are most important to them to evaluate for funded initiatives and health department programs.



FUNDING AND OTHER INVESTMENTS

● **RECOMMENDATION: Build budgets to compensate community members for their time and expertise.**

- When communities are engaged in consultation activities or meetings, compensate members for their time to prevent members from feeling tokenized.
- When funding CBOs for data collection or community messaging activities, consider ways for making community-rooted incentives—like gift cards and food—an allowable cost.

● **RECOMMENDATION: Provide resources for capacity building and training to empower community representatives to actively engage in consultation processes.**

- Train department leadership and staff to begin building a path towards more participatory practices in the future; subsequently, staff members can provide training to their CBO partners on funding processes including proposal submission, report writing, budget consolidation, etc.

INVOLVE

ENSURE COMMUNITY NEEDS AND ASSETS ARE INTEGRATED INTO PROCESSES AND INFORM PLANNING

At the Involve (3) stage, health department workflows are evolving to sustain community voice in their efforts to ensure that community feedback is not extractive, but a key driver in project development. More importantly, health departments are actively engaging community members and leaders to align and develop initiatives that meet community-defined goals for health equity.

MORE RESOURCES

In this practice chapter you will find additional examples to help health departments and their CBO partners identify and implement approaches for authentically collecting and using community input.

In addition to these examples, we encourage you to review:

- [CDC Foundation, Principles for using Public Health Data to Drive Equity](#)

PRACTICE CHALLENGES (AS REPORTED BY CBOS AND HEALTH DEPARTMENTS)

There is no one size fits all approach to working with communities. Our recommendations are crafted in response to the challenges shared through the landscape assessment. We recognize the recommendations may not address all current and future challenges, so we look to other critical partners who can play a role in shaping the ecosystem that influences governmental public health relationships with communities to fill the gaps.

- Funding restrictions can pose challenges for aligning department initiatives to community needs and priorities. For many local health departments, state agencies have set the priorities, and they are often limited in how the funds can be applied and with whom they can partner.

PRACTICE CHALLENGES CONTINUED

- CBO partners who are grantees of the health department have faced rigid reporting and budget requirements, creating challenges in their ability to spend down funds in a timely manner. This requires CBOs to compromise services to communities to comply with the health department’s project timeline.
- Health departments elevated the challenge of being involved in partnership activities in politically conservative states, especially when working with partners on public health initiatives that intersect with LGBTQIA+ and immigrant communities. These initiatives were reported to face “more scrutiny” from health department leadership and even other community partners.
 - In one instance reported by a health department, the conservative position of a faith-based partner created a limitation to serving specific communities.



ORGANIZATIONAL CULTURE

● **RECOMMENDATION:** Health departments can create a robust framework for open and transparent communication between central and regional offices, promoting community involvement and ensuring community input is continuously considered.

- Coordinate with internal departments to plan and incorporate interactive workshops or other forms of community engagement and share out to community members in this process.
- Emphasize the importance of active community engagement, recognizing power dynamics within leadership and internal departments.

● **RECOMMENDATION:** Health departments can acknowledge that while they may need communities for their work and programs, it is crucial to be aware that the reverse is not always true.

- Facilitate engagement between health departments and CBOs, acknowledging the specialized knowledge and skills that communities possess; provide training within health departments to understand and appreciate the unique expertise that CBOs bring to the table, fostering a more mutually beneficial collaboration.
- Leadership can encourage staff to engage communities with humility: this includes recognizing that there may be uncomfortable histories that are uncovered when engaging with communities, and that they may need to reckon with outcomes of structural racism and other systemic harms that may be currently operative, or that may predate any individual person's work or tenure.



ORGANIZATIONAL CULTURE

RECOMMENDATION: Health departments can develop sustainable methods to strengthen a workforce reflective of the communities they serve, continuing to build professional development opportunities.

- Create ways for the health department to highlight job opportunities that match the needs and interests of the communities, and design roles that directly address those needs.
- Prioritize policy adjustments, actively recruiting individuals from the community for leadership roles within the health department, to create an environment that empowers individuals with lived experiences to drive transformative change.
- Implement mentorship and career advancement programs to support the growth of employees within the organization; establish clear pathways for career progression, ensuring individuals from diverse backgrounds have opportunities for leadership roles.
- Prioritize training programs that address cultural competency, community engagement and relevant skills as ongoing professional development opportunities for employees.
- Establish opportunities for public health leaders to receive training and guidance in inclusive leadership facilitation; this measure aims to equip leaders with essential skills for positively impacting teams and the community at large.



LEADERSHIP AND GOVERNANCE

RECOMMENDATION: Health departments can implement initiatives for leadership to create policy changes that support staff who model “involve” practices and create lasting systemic impact for communities at large.

- Regularly recognize staff within the health department who champion community engagement, allowing for opportunities for these individuals to train and develop other department staff and acknowledging them for their engagement and time.
- Implement Diversity, Equity and Inclusion (DEI) policies internally that are designed and guided by community and staff members, and create leadership accountability mechanisms for upholding them.

RECOMMENDATION: Health departments can aim to meet community members where they are, instead of expecting communities to commute to government offices. They can center community and build trust to ensure community members’ feelings of safety and comfort when seeking services from health departments.

- Conduct thorough assessments of community needs and preferences, adjusting the location, timing and support services for activities to align with the practical realities of community members’ lives.
- Create training programs or best practices to ensure staff are well-prepared to engage with CBOs and listen to community voices without assuming an authoritative stance.
- Collaborate with CBOs to create an environment where the community feels safe seeking services; for example, by physically conducting services at CBO spaces.
- Encourage health department staff to participate in local gatherings, festivals, youth leagues, arts and culture events led by the community, solidifying the presence of the health department within the local context.
- Standardize accessibility protocols when engaging in community activities by considering factors such as childcare, time of day, cultural and religious sensitivities and other resources like food, language interpretation and accommodations for physical and mental disabilities.



LEADERSHIP AND GOVERNANCE

RECOMMENDATION: Health departments can conduct a thorough assessment of existing leadership structures to identify and understand power imbalances.

- Align leadership goals with a commitment to transforming the traditional top-down approach to a collaborative and partnership-oriented model.
- Implement organizational changes that reflect a commitment to shared decision-making and power distribution; this can look like training opportunities for leadership to develop the skills required for collaborative engagement and effective listening.
- Initiate internal advocacy programs to raise awareness among health department staff about the importance of community partnerships and the need for a balanced power dynamic.
- Establish mechanisms for continuous evaluation of leadership dynamics, seeking feedback from both health department staff and CBOs.
- Be open to adaptation and refinement of leadership strategies based on ongoing assessments and community input.

RECOMMENDATION: Health departments can prioritize policies that transform the system, ensuring that investments lead to sustainable improvements rather than short-term solutions.

- Conduct a comprehensive review of existing policies to identify areas for improvement in supporting community engagement.
- Collaborate with community representatives to develop and revise policies that align with community priorities.



DATA, MEASUREMENT AND EVALUATION

RECOMMENDATION: Health departments can incorporate mechanisms to measure community-defined needs and assets in data collection processes to ensure planning is informed by data deemed of highest priority to communities.

- Engage community members in community health assessments and subsequent community health improvement planning efforts by using inclusive facilitation techniques that allow diverse voices to shape priorities.
- Establish survey review workgroups comprising community members, academia, cultural organization representatives and other invested parties to regularly review and refine ongoing survey questions.
- Engage communities and CBOs as integral partners in the development and maintenance of public health technology, ensuring these tools align with community needs and preferences.
- Integrate communities and CBOs into the evaluation processes of public health initiatives, allowing their insights to shape assessments and how the initiatives should pivot based on evaluation findings.

RECOMMENDATION: Health departments can work with CBOs to ensure that language used in public health data collection tools and in the dissemination of findings is inclusive and reflects the lived experiences of community members.

- Solicit input from diverse CBO partners who regularly engage with community members to design and refine the terminology used in surveys, particularly questions seeking to understand demographic information and the social determinants of health, ensuring that data collection and dissemination activities employ language respectful of various identities and experiences.
- Be adaptable in language choices based on community preferences, demonstrating a commitment to self-determination and respect and a recognition that dimensions of identity change over time for groups.



DATA, MEASUREMENT AND EVALUATION

RECOMMENDATION: Health departments can establish approaches to systematically hold themselves accountable to their communities' health goals and to their CBO partnership commitments.

- Develop and sustain approaches where health department goals and progress towards those goals is regularly shared publicly, highlighting areas of success and opportunity.
- Apply a “growth mindset” to community partnerships, cultivating regular opportunities (e.g., bi-annual partnership assessments) to seek feedback from CBO partners about what is/is not working and collaborate with CBO partners to use this feedback to inform refined and innovative strategies that strengthen the partnership.

RECOMMENDATION: Health departments can allow the community to define ‘capacity building’ and determine the types of technical assistance they would like to be offered.

- Disseminate surveys to CBO grantees seeking to understand how to define capacity building and identify the types of assistance they would like to prioritize, being sure to communicate how their input has informed the department’s capacity building support.



FUNDING AND OTHER INVESTMENTS

- **RECOMMENDATION:** Health departments should consider a structured funding mechanism to compensate organizations, particularly those providing pivotal services to the health department, ensuring that their valuable contributions, such as language interpretation and cultural support, are acknowledged and adequately funded.
 - Implement a phased approach to grant funding, considering the varying levels of infrastructure among agencies.
 - Prioritize efforts to partner with new community partners, especially those with less infrastructure, ensuring opportunities are accessible to a diverse range of organizations.
 - Channel workforce development funds towards systemic changes that empower individuals and address burdensome processes.

- **RECOMMENDATION:** Health departments can use funding to support participatory grant-making processes where community members can articulate shared visions, values and priorities. Participatory grant-making shifts power by involving communities in grant decisions, fostering decentralized decision-making, shared power and equity. This approach empowers them with flexibility to collectively decide on resource allocation.
 - Incorporate participatory decision-making processes as an opportunity for CBO partners to inform the level of restrictions on grant-allowable activities based on their feedback.
 - Create an advisory council comprised of community members and health department staff that reviews grant proposal and reporting processes on a quarterly or annual basis to provide feedback to department leadership and create accountability mechanisms for improved and more equitable funding processes.



FUNDING AND OTHER INVESTMENTS

RECOMMENDATION: Health departments can streamline the application process for partner organizations to access funding, minimizing administrative burden and facilitating increased participation.

- Implement regular reviews and adjustments of funding mechanism to ensure it remains responsive to the evolving needs of partner organizations and the community.
- Foster a collaborative decision-making process involving health department representatives and partner organizations to collectively determine funding allocations.
- At the outset of a new project, offer grant writing training to community partners who might be interested in applying for a funding opportunity.

TAKE STOCK OF YOUR PROGRESS

We want to elevate what has been gained from the hard work of both health departments and CBO partners once they have moved through the first four stages of the Spectrum. Creating systemic change for health equity through authentic partnerships requires layered and ongoing effort. We encourage health departments and CBO partners to celebrate their progress and wins—big and small—along the way.

	HEALTH DEPARTMENTS	CBOs
IGNORE	<ul style="list-style-type: none"> • Leadership supports community centered and rooted activities as essential to achieving health equity and policy aims 	<ul style="list-style-type: none"> • Committed to examining approaches for the root of power imbalances and inequities in order to build productive relationships and community power
INFORM	<ul style="list-style-type: none"> • Internal department culture prioritizing transparency of department initiatives • Dedicated workflows and staff that can routinely share culturally relevant resources and data • Funding mechanisms that can prioritize the development of communication resources 	<ul style="list-style-type: none"> • Routine access to key data and information to drive alignment to community needs • Understanding of why health departments do or do not pursue critical initiatives and issues • Sufficiently informed to participate in planning and decision-making to address health priorities they defined
CONSULT	<ul style="list-style-type: none"> • Internal department culture that prioritizes bi-directional communication with community members 	<ul style="list-style-type: none"> • Community member input is seen as an expertise and asset to building public health initiatives
INVOLVE	<ul style="list-style-type: none"> • Internal department culture and staff capacity to not only gather community input, but apply the feedback to drive program development, sharing progress with community members along the way 	<ul style="list-style-type: none"> • Not only beneficiaries of programs, they have distinct ways to drive development • Developing trust that their input will be integrated to make important decisions on programs, funding and data • Have community power to effectively advance health equity solutions

COLLABORATE

ENSURE COMMUNITY CAPACITY TO PLAY A LEADERSHIP ROLE IN IMPLEMENTATION OF DECISIONS

At the Collaborate (4) stage, health departments have sharpened their bi-directional communication and have internal mechanisms in place for accountability to routinely incorporate community feedback.

Collaborate Stage Goal

The goal in the Collaborate Stage is to evolve community engagement and involvement to a model of community participation, elevating practices of shared decision-making to advance health equity.

MORE RESOURCES

This practice chapter outlines additional examples to help health departments and their CBO partners authentically lead the development and implementation of initiatives that have a direct impact on their well-being.

In addition to these examples, we encourage you to review:

- NACCHO, [Innovation Snapshot # 4-Participatory Budgeting](#)
- Robert Wood Johnson Foundation, [A Policy Agenda for a Healthier, More Equitable New Jersey](#)

PRACTICE CHALLENGES (AS REPORTED BY CBOS AND HEALTH DEPARTMENTS)

There is no one size fits all approach to working with communities. Our recommendations are crafted in response to the challenges shared through the landscape assessment. We recognize the recommendations may not address all current and future challenges, so we look to other critical partners who can play a role in shaping the ecosystem that influences governmental public health relationships with communities to fill the gaps.

- When funding ends or is scaled back, health departments report having to re-build trust and activities with community partners whose activities were directly impacted.
- Limited infusion of private funds to support CBO capacity building efforts when health departments are also facing capacity challenges.
- Limited internal capacity to conduct health equity planning that can inform current and future programs.

COLLABORATE



ORGANIZATIONAL CULTURE

- **RECOMMENDATION:** Health departments can recognize CBOs are experts in their own communities from whom they can learn, and that health department strategic priorities can be guided by the voices and perspectives of their communities.
 - Shift the perspective of health department leadership from viewing CBOs as “vendors” to recognizing them as true partners. Emphasize the value of CBOs in community engagement by leveraging their local knowledge, relationships and commitment. This collaboration involves staff members who actively seek to learn and promote a cultural shift inspired by their CBO partners.
- **RECOMMENDATION:** Health departments can implement an internal collaboration initiative to break down silos and promote cross-organizational learning.
 - Incorporate regular interdepartmental workshops, knowledge-sharing sessions and cross-functional projects focused on cultivating a culture of collective learning; this can also include rotational assignments and inter-departmental communities of practice.

COLLABORATE



LEADERSHIP AND GOVERNANCE

RECOMMENDATION: Health departments can create and co-lead external-facing communities of practice (CoP) to establish inclusive and accessible relationships and to communicate health department activities.

- Invite and compensate representatives from diverse sectors, including community leaders, public health officials and relevant stakeholders, to participate in the CoPs and facilitate regular meetings to share insights, best practices and challenges, to foster an environment of bi-directional learning.
- Collaboratively design structures of participation that are culturally relevant and address historical exclusion; ensure that representation from groups historically excluded are empowered with delegating decision-making power and adequately resourced to participate in leadership roles within the CoPs.

RECOMMENDATION: When forming new teams focused on community engagement, health departments can strategically consider their placement to maximize effective collaboration. They can avoid siloing by assessing the best fit within the organization's structure, allowing for flexibility in partnering with various programs and CBOs.

- Evaluate the functions and goals of the community engagement team and identify the departments or bureaus where their expertise can best align and complement existing initiatives.
- Develop effective communication channels between the community engagement team and other departments, promoting a collaborative culture and ensuring that community perspectives are integrated into broader departmental initiatives.
- Assign team members to collaborate directly with various programs and CBOs, fostering cross-functional partnerships and ensuring a holistic approach to community engagement that transcends individual bureau boundaries, and cultivate collaboration across CBOs.

COLLABORATE



LEADERSHIP AND GOVERNANCE

RECOMMENDATION: Health department leadership and expertise are crucial in addressing issues; they can safeguard their communities capacity to play leadership roles in decision implementation through the use of Memorandums of Understanding (MOUs) with CBOs or in community organizing through the use of Citizen Advisory Committees.

- Develop clear and collaborative MOUs with CBOs, outlining shared decision-making processes and mutual commitments; ensure that both parties have equal influence in the implementation of decisions.
- Establish regular forums or working groups that bring together representatives from health departments and CBOs to share insights, align goals and co-create strategies.
- Organize open planning forums with citizen polling, providing a platform for community members to express opinions and actively participate in decision-making.
- Share information transparently during these forums to ensure the community is well-informed about ongoing initiatives and future plans, fostering a culture of shared understanding and collaboration.

RECOMMENDATION: Health departments can develop a strategic roadmap that outlines actionable steps and milestones toward a shared long-term vision.

- Conduct vision and mission sessions and facilitate these collaborative sessions with partners to assess and identify alignment between respective long-term visions and missions.

COLLABORATE



DATA, MEASUREMENT AND EVALUATION

RECOMMENDATION: Health departments can promote collaborative data decision-making with CBOs, acknowledging the critical role of community representatives in decision-making and implementation.

- Create data sharing platforms that provide opportunities for community members to provide feedback (e.g., regarding data they would like to see added, questions about how to use databases and websites, opportunities for improving site utility, etc.) and leverage the feedback to transparently update data sharing platforms, fostering a sense of ownership and empowerment.
- Use feedback from community forums to ensure that community perspectives play a central role in shaping public health technology and surveillance systems and communicate back to participants how their feedback shaped decisions about the data systems.
- Develop and sustain public health surveillance systems with direct input from communities and CBOs, ensuring their active participation throughout the data life cycle, from planning/design to data collection to analysis to access to dissemination.
- Engage epidemiologists and data staff in CBO data capacity building through webinars, training and individual technical assistance; this may include supporting CBOs in developing and administering their own surveys, guiding them on utilizing publicly available data for their specific goals, and more.

RECOMMENDATION: Health departments can include metrics that measure community power and trust building, as well as their impact on community partners, department staff and operations.

- Require department staff to integrate metrics into internal and organizational evaluations that can demonstrate how the department is making deeper impact through their partnerships.

COLLABORATE



FUNDING AND OTHER INVESTMENTS

- **RECOMMENDATION: Health departments can focus on capacity building within CBOs and utilize existing expertise to provide technical assistance.**
 - Position the health department as a valuable resource for the community by providing free technical assistance.
 - Leverage the skills of grant specialists to offer guidance to CBOs in the grant application process; engage grant writers to guide CBOs through the intricacies of grant applications, providing insights and suggesting edits for increased success.
- **RECOMMENDATION: Health departments can develop and implement community capacity building initiatives focused on enhancing leadership skills and empowering community members to actively participate in decision-making processes.**
 - Introduce accountability measures within funding opportunities that prioritize sustaining partnerships with CBOs.
 - Clearly outline expectations and responsibilities for both parties to ensure a balanced power dynamic and foster accountability in the implementation of decisions; utilize an external facilitator if necessary.
- **RECOMMENDATION: Health departments can leverage participatory budgeting tools to address funding challenges and promote equity in decision-making.**
 - Create a repository of versatile projects that can be pulled off the shelf as needed, providing flexibility within prescriptive funding guidelines.
 - Facilitate workshops on equity in budgeting to enhance understanding among department members; encourage dialogue on applying equity tools even within prescriptive funding constraints, fostering innovative and inclusive approaches.
 - Allocate resources and support for capacity building. Acknowledge the challenges faced by CBOs, especially during times of heightened demand such as the pandemic.

COLLABORATE



FUNDING AND OTHER INVESTMENTS

- **RECOMMENDATION:** Health departments can increase flexibility with contract structure (e.g., deliverable based) that can support CBO commitments, but not at the cost of their financial stability.

- **RECOMMENDATION:** Health departments can identify alignment with CBOs through a longer-term vision and mission, enabling their partnerships to deepen even when funding availability may be uncertain.
 - Discuss shared goals and values to strengthen the foundation for sustained collaboration beyond immediate funding periods.
 - Prioritize initiatives that contribute to the overarching mission, allowing partnerships to evolve and deepen over time, irrespective of short-term funding challenges.

DEFER TO

BRIDGE THE GAP BETWEEN COMMUNITY AND GOVERNANCE

The Defer To (5) stage, at its core, is about strengthening local democracies, elevating community leadership in the pursuit of health equity. It is about enabling community self-sufficiency and ending their dependency on institutions for basic needs.

MORE RESOURCES

This practice chapter outlines additional examples to help health departments build their CBO partners' capacity to lead public health initiatives that build community independence and influence local policy change.

In addition to these examples, we encourage you to review:

- Race Forward, [Co-Governing Toward Multiracial Democracy](#)

PRACTICE CHALLENGES (AS REPORTED BY CBOS AND HEALTH DEPARTMENTS)

There is no one size fits all approach to working with communities. Our recommendations are crafted in response to the challenges shared through the landscape assessment. We recognize the recommendations may not address all current and future challenges, so we look to other critical partners who can play a role in shaping the ecosystem that influences governmental public health relationships with communities to fill the gaps.

- CBO partners reported when health department boards are led by businesses and not community members, it indicates the health department lacks commitment to their communities' priorities and decision-making power.



ORGANIZATIONAL CULTURE

RECOMMENDATION: Health departments can develop a department philosophy of participatory community ownership and governance, taking stock of community partners who can be allies when the health department is limited.

- Health department leadership can work closely with department staff who lead community engagement efforts to understand where there are organizational limitations, as well as social, economic and political challenges to the department supporting community efforts. They can consistently recognize and acknowledge with staff and community partners where influence may be coming from outside of the department.
- Health department leadership can create clear internal language, build internal capacity for consensus-building and reasoning for where staff can contribute to and influence local policy changes to have informed community engagement on the department's role in policy decisions.
- When possible, health department leadership can reflect on the representation of the department's board and work with CBOs to reimagine the governance of health departments as deeply collaborative, pluralistic, and participatory. This collaboration can influence community engagement and ownership activities.

DEFER TO

**LEADERSHIP AND GOVERNANCE**

- **RECOMMENDATION:** Health departments can create protected time for department staff to hold representation on coalitions and community collectives.
 - Create project strategies that allow staff to count time spent supporting community coalitions and boards towards their duties, ensuring they are not using their time off to supplement their community support.

- **RECOMMENDATION:** Health departments can create boards inclusive of community representatives and support CBOs to lead community-driven planning initiatives in health equity.
 - Advocate for dedicated board seats where community representatives will hold space and drive department decisions.



DATA, MEASUREMENT AND EVALUATION

RECOMMENDATION: Establish participatory data governance structures where community representatives—likely CBO representatives—hold decision-making power throughout the entire data life cycle.

- Establish a health department community data governance council which includes all or a majority of voting members who represent the communities served by the department; through codified policies, ensure the council holds substantial decision-making authority over data projects, approving protocols, voting on key decisions (including budgetary) and deciding who can or cannot have access to the data.
- Identify other mechanisms for community ownership of data processes through innovative governance models that center community data priorities. Allocate funds to CBOs to lead information sharing campaigns, conduct participatory action research and employ equitable evaluation approaches.
- Clearly outline roles, responsibilities and expectations for both parties to ensure transparency and effective collaboration.
- For initiatives, leverage equitable evaluation approaches that give CBO grantees authority over evaluation questions, metrics, methods and analysis and interpretation to ensure evaluation activities are defined by the CBOs serving communities intended to benefit from activities.

DEFER TO

**FUNDING AND OTHER INVESTMENTS**

● **RECOMMENDATION:** Center on participatory budgeting approaches that can build community capacity to manage complex funding opportunities that support community-governed funds towards health equity.

- Create a community budgetary advisory committee that must approve the health department budget overall and/or individual program and initiative budgets.
- If a committee is not possible across the department, create and leverage committees to inform specific funding mechanisms for community grantees.

Appendix C: Transformational Partnership Case Study

POWER-BUILDING PARTNERSHIPS FOR HEALTH: ADDRESSING FARMWORKER HEALTH DURING THE COVID-19 PANDEMIC IN SANTA BARBARA

INTRODUCTION

This case study explores the innovative approach of Power-building Partnerships for Health (PPH) and its impact on addressing health inequities, specifically focusing on farmworker health during the COVID-19 pandemic in Santa Barbara County. Published in the *Journal of Public Health Management and Practice* in July/August 2022, the study discusses the collaboration between the Santa Barbara County Public Health Department (SBCPHD) and grassroots organizations CAUSE and MICOP.

BACKGROUND

PPH, initiated by Human Impact Partners (HIP) in 2018, aimed to build trusting relationships between community organizers and local health departments. The program sought transformational change by addressing power imbalances and promoting community power building in health equity initiatives.

PARTNERSHIP DYNAMICS

The partnership between SBCPHD, CAUSE and MICOP focused on building farmworker power to improve working conditions and access to essential facilities during the pandemic. Through intentional relationship building, trust was established, allowing the partners to collaboratively respond to the vulnerabilities faced by farmworkers.

COVID-19 RESPONSE

Recognizing farmworkers as a particularly vulnerable population, SBCPHD, CAUSE, and MICOP formed the Latinx Indigenous Migrant Health COVID-19 Task Force. The task force, comprising of more than 150 participants from 60 organizations, addressed barriers such as language, access to information and health care for historically marginalized communities.

Additionally, in response to COVID-19 cases concentrated among Latinx residents in H2-A housing, SBCPHD issued a groundbreaking Health Officer Order in collaboration with CAUSE. The order mandated screening and reporting requirements, showcasing the pivotal role of community organizers in garnering political support and mobilizing community backing.

Source: [Gaydos, Megan MPH; Do-Reynoso, Van PhD, MPH; Williams, Marley MPAff, MSSW; Davalos, Hazel BA; López, Arcenio J. AS. Power-building Partnerships for Health: Lessons From Santa Barbara About Building Power to Protect Farmworker Health and Advance Health Equity. *Journal of Public Health Management and Practice* 28\(Supplement 4\):p S166-S170, July/August 2022. | DOI: 10.1097/PHH.0000000000001485](#)

Appendix C: Case Study

SUCSESSES AND CHALLENGES

The collaboration led to successful initiatives, including equitable vaccine clinics, addressing vaccine hesitancy, supporting labor protections and expanding services in Indigenous languages. The study acknowledges that the three-year collaboration faced conflicts but emphasizes the importance of early relationship building through PPH in navigating and resolving disputes.

The case study also highlights the significance of partnerships between public health departments and community organizers in passing innovative policies and programs. Acknowledging past harms and investing time in relationship building is crucial for creating trusting, long-term collaborations. The study suggests that increased federal COVID-19 response funding for health departments provided opportunities to fund relationship building and collaboration with community organizers, supporting a more equitable recovery from the pandemic.

CONCLUSION

The Santa Barbara case study illustrates the transformative potential of power-building partnerships in addressing health inequities. By fostering collaboration between health departments and community organizers, particularly during the COVID-19 pandemic, the study emphasizes the importance of relationship building, trust and shared goals in advancing health equity in vulnerable communities.

Appendix D: Inter-Governmental Tribal Relations

As mentioned in the introduction, the research for this report does not dive into U.S. health department partnerships with sovereign Tribal Nations. However, as we conducted this work, health departments and CBOs raised the concern that with a focus on health equity, it was important to bring attention to the repeated harms caused to Indigenous peoples.

Along with our partners, we acknowledge pursuing health equity warrants Tribal Nations and Indigenous Peoples have decision-making authority on the steps taken to understand and reckon with past harms, the development of plans for healing and the processes to hold institutions accountable to those plans.

Honoring that feedback, below are insights and resources our partners shared with us for additional learning and growth. Also pulled from our interviews with health department and CBO leaders are current barriers and promising practices for authentically engaging Tribal Nations and their respective public health departments.

Throughout this work, partners shared recognizing the sovereignty of the Tribal Nation is core to partnership with Tribal Nations. Unlike when a U.S. public health department partners with a CBO, partnering with a Tribal Nation entails inter-governmental agreements.

The insights and resources below are specific to partnerships with Tribal Nations. They do not encompass how to engage other racial, ethnic and cultural communities. However, the examples offer suggestions that can be adapted and serve as inspiration for where to begin examining current gaps and opportunities for action.

Importantly, it is not a one size fits all approach. Every Tribal Nation and Urban Indian community—as this respects the unique standing of each nation—must be engaged in the way that it sees fit and fair. Having open, respectful and consistent dialogue and being willing to develop the cultural healing plans, policies and practices that best supports each community, opens the pathway to a transformational partnership.

INTER-GOVERNMENTAL TRIBAL RELATIONS

- Leaders are not always intentional or prepared when reaching out to all communities, particularly Indigenous ones.
- Tribal Nations and Urban Indian communities, as appropriate, seek access to community data under Indigenous Data Sovereignty.
- Establishing relationships with tribal representatives can be complex, requiring a nuanced understanding of history and dynamics.
- Data sharing is crucial for building trust, but it presents complexities, including confidentiality concerns.
- Tribal communities, as sovereign nations, seek access to community data, adding complexity to partnerships.



MORE RESOURCES

[Emergent Strategy, Shaping Change, Changing Worlds by Adrienne Maree Brown](#)

[RWJF, Evidence for Action: Indigenous-Led Solutions to Advance Health Equity and Wellbeing](#)

[The Network for Public Health, Cultural Healing: A New \(Old\) Paradigm For Creating Healthy Communities](#)

[University of Minnesota, Extension's Historical trauma and cultural healing: Video series](#)

BUILDING AUTHENTIC INTER-GOVERNMENTAL RELATIONSHIPS

EDUCATION AND AWARENESS

- Provide health department leaders with specific training on engaging with Tribes, Tribal Health Facilities funded by Indian Health Service (IHS) and Urban Indian Organizations (UIO), emphasizing cultural healing, historical understanding and awareness of local impacts on sovereign nations.
- Facilitate educational initiatives for health department leaders engaging with Tribes, Tribal Health Facilities funded by IHS and UIO. Promote an approach that actively acknowledges historical and present wrongs and works towards reconciliation.
- Conduct learning journeys or training sessions specifically tailored to leaders engaging with Tribes, Tribal Health Facilities funded by IHS and UIO, informed by tribal partners who are compensated for their time and expertise.

OPERATIONAL PROCESSES

- Determine—through dialogue with Tribal Nations, leaders and tribal health facilities funded by the Indian Health Service—which entities must be engaged and what processes are required for ongoing partnership (e.g. working with tribal councils for approvals, application processes, etc.).

COMMUNICATION AND DATA

- Foster open dialogue platforms for mutual understanding and partnership building.
- Emphasize the importance of transparent communication in data sharing agreements. Involve tribal health liaisons and leaders in discussions to address confidentiality concerns and navigate the intricacies of data sharing.
- Recognize the sovereignty of tribal nations and work collaboratively to establish data sharing agreements that respect their needs. Acknowledge the complexities involved, considering the agency's capacity and personnel working on data sharing initiatives.

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