

EXECUTIVE SUMMARY

The COVID-19 pandemic underscored a need for renewed emphasis on building strong relationships between public health and communities to ensure everyone can live their healthiest lives.

Developed by the CDC Foundation in collaboration with Human Impact Partners and supported by Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation, *Recommendations for Strengthening Partnerships Between Health Departments and Community-Based Organizations* offers tactical and strategic recommendations stemming from conversations with more than 100 health departments and community-based organizations (CBOs).

The recommendations are intended for state and local governmental public health agencies in the U.S. While recommendations for both parties are included, the role of health departments is emphasized due to their institutional power, resources and influence and unique responsibility as elected entities charged with improving health.

The recommendations envision a future where CBOs are integrated as critical decision-makers in the public health infrastructure, resulting in better health outcomes for all.

NOTE:

Throughout our report, CBOs refer to non-profits rooted in specific geographies focused on enhancing the wellbeing of population groups or issue areas by using their community ties and trusted status.



Getting Started

Before implementing the recommendations, health departments and CBOs are encouraged to first channel an effective mindset for equitable and enduring partnership.

STRIVE TO EMBODY THE PARTNERSHIP CORE VALUES

- 

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

Define power, understand how it functions and transform power dynamics.
- 

Commit to Centering Community

Center community needs, leadership and voices in all actions and decision-making. Actively engage community members.
- 

Practice Accountability and Transparency to Foster Trust

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

Recognize Harms, (Re)Build and Heal

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

Promote Mutual Benefit and Natural Strengths

Collaborate with communities as allies with their own strengths.

A SHARED UNDERSTANDING

Creating shared language in partnerships prevents miscommunication, aids in understanding and establishes common ground. Shared language enhances effective communication and, ultimately, relationships. The recommendations define a series of terms that can be a starting point for health department and CBO partners.

ASSESS ALIGNMENT AND PREPAREDNESS FOR PARTNERSHIPS

When pursuing new or strengthening existing partnerships, it is crucial for health departments and CBOs to assess mutual interest, shared goals and readiness to address power dynamics and to address areas for improvement.

Implementing the Recommendations

The recommendations suggest 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.

PUBLIC HEALTH SYSTEM DIMENSIONS FOR ACTION

Health departments and CBOs can strengthen partnerships in four system dimensions. These dimensions collectively guide transformative partnerships, promoting community ownership across public health activities.



Organizational Culture

Organizational values, understanding power, priorities, mindsets and practices influencing team members' decisions about how and what information is shared with community, inclusion in discussions about community priorities and how these decisions are made.



Leadership and Governance

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.



Data, Measurement and Evaluation

Building and maintaining public health data systems and technology, using data to support decision-making, sharing data, data system modernization, evaluation processes and tracking progress.



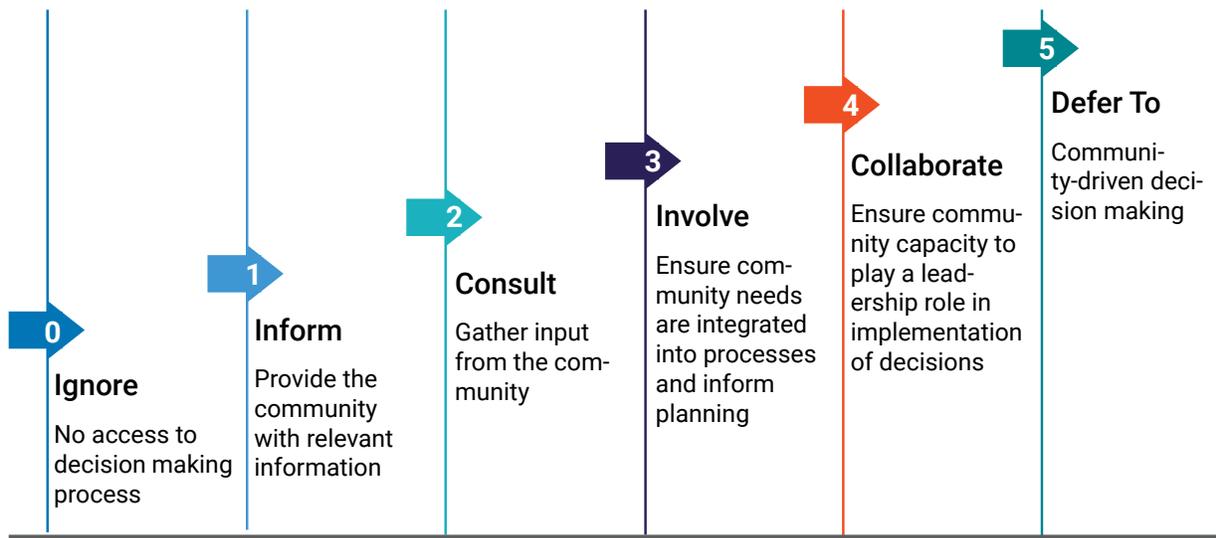
Funding and Investments

Processes related to funding, money and other resources, including external funding mechanisms, internal funding processes, grant making, contracting and methods for monetary or non-monetary exchange.

THE SPECTRUM OF COMMUNITY ENGAGEMENT TO OWNERSHIP

The Spectrum of Community Engagement is a transformative roadmap developed by Facilitating Power to guide the sequencing of our recommendations across system dimensions. The Spectrum of Community Engagement has developmental stages—beginning at Ignoring Community (0) and progressing to Deferring to Community (5)—for recalibrating power imbalances between communities and institutions.

In moving through the Spectrum, health department and CBO partners are encouraged to embrace the discomfort of change and prioritize progress over perfection, understanding that each stage is important in pursuing stronger partnerships.



System Dimensions



ORGANIZATIONAL CULTURE



LEADERSHIP AND GOVERNANCE



DATA, MEASUREMENT, EVALUATION



FUNDING AND INVESTMENTS

	ORGANIZATIONAL CULTURE	LEADERSHIP AND GOVERNANCE	DATA, MEASUREMENT, EVALUATION	FUNDING AND INVESTMENTS
INFORM (1)	Identify team members to be “build bridgers” in community engagement activities.	Engage staff to examine external communications to infuse a health equity lens.	Engage community-based organizations (CBOs) in discussions about data needs, uses and preferred modes of receiving information to strengthen data sharing.	Examine current approaches for sharing request for proposals (RFPs) and identify potential barriers to accessing or applying.
CONSULT (2)	Empower teams, especially equity and inclusion offices, to prioritize community input early and often.	Identify internal and external community leaders to consult as new diversity, equity and inclusion initiatives are developed.	Create feedback loops where participants learn about survey responses, response plans and the impact of actions.	Compensate CBOs for their feedback. Provide training to CBOs on proposal submission, report writing, budget consolidation, etc.
INVOLVE (3)	Create frameworks for open and transparent communication between central and regional health department offices.	Champion staff who lead community engagement by creating opportunities for them to lead internal policy change efforts.	Incorporate mechanisms to understand what data is of greatest need for CBOs and communities and collect data surveillance processes.	Facilitate processes to understand barriers CBOs face in securing funding and create policies that remove those barriers.
COLLABORATE (4)*	Promote inter-departmental collaboration through Communities of Practice, rotational assignments and cross-department projects to break down silos.	Develop decision-making bodies for health department initiatives that include leadership from groups historically excluded and compensate them.	Measure community power and trust building, impact on partners, staff and operations in project and organizational evaluations.	Implement participatory grant-making processes where community members determine resource allocation.
DEFER TO (5)*	Create internal capacity for democratic consensus-building for staff and community members to impact local policy change.	Reflect on the representation of the board and work with CBOs to reimagine governance.	Establish a data governance council where a majority of voting members are community members.	Have a community budgetary advisory committee for approvals.

* Many health departments receive funding with 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 and Defer To stages in your current capacity.