



Collaborative Infrastructure Framework

Extract Deck

January 2025

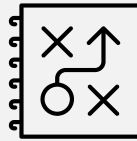
Project Overview

Context

In response to COVID-19, Partners In Health United States (PIH-US) began working with states and local communities across the U.S. to **bolster capacity and improve equity** in health access and outcomes.



Moving forward, PIH-US is aiming to maximize its ability to advance health equity by honing its approach to advancing **sustained, high-impact partnerships with communities.**



PIH-US has collaborated with Deloitte Consulting LLP (Deloitte) to synthesize reflections from work with learnings from collaborators and other leaders in the field to develop a **strategic framework for “collaborative infrastructure.”**



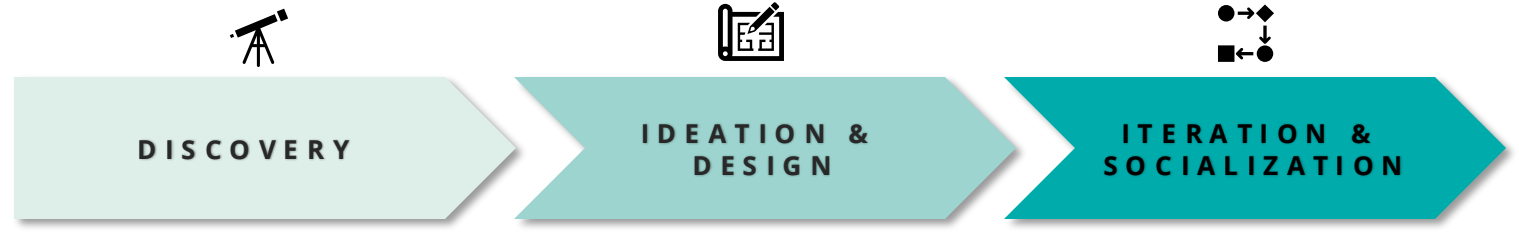
PRIORITIES

1. **Uncover leading practices internally and externally**
2. **Incorporate community and specialist voices throughout**
3. **Define a framework that is both broadly applicable and actionable**
4. **Support advocacy and movement building**

Interviews with PIH-US staff, community collaborators, and Deloitte and other outside specialists

Roundtable and community review sessions with PIH-US staff and outside collaborators specialists

APPROACH



Focus
Output

Compile learnings and leading practices through interviews and review of internal and external literature.

- Synthesized **Interview Findings**
- Synthesized Findings from **Current State Research**

Iterate on definition and framework for “collaborative infrastructure”

- **Definition of Collaborative Infrastructure & The Collaborative Infrastructure Framework**
- **Roundtable / Workshop** to Review Learnings
- Updated **Considerations for Measurement & Evaluation**

Finalize and disseminate framework with guidance for application

- External Summary of **Collaborative Infrastructure Framework**
- **Narrative Dissemination** Considerations

PIH-US does not endorse the products or services of any company.

What is Health Equity?

Health equity has many definitions. The Deloitte Health Equity Institute (DHEI) uses the definition below.

Health Equity is the fair and just opportunity* for everyone to fulfill their human potential in all aspects of **health and wellbeing**

Health and wellbeing include **not only clinical issues** traditionally addressed by the healthcare system, but also a person's **behavioral, social, emotional, physical, and spiritual health**.

and is impacted not only by clinical care, but also by the **Drivers of Health (SDOH)**

The non-medical drivers of health are the **environmental, social, and economic factors** that directly influence people's health outcomes, also commonly referred to as social determinants of health (SDOH).

Note: *Camara P. Jones and many leaders in the field define health equity as the *"assurance of the conditions for optimal health for all people,"* rather than the term "opportunity."
Source: [Medical Care](#), [Deloitte Health Equity Institute](#)

What is Collaborative Infrastructure?

Partners In Health-United States has referred to Collaborative Infrastructure as an important element to advancing health equity across the U.S. To understand how and why this thesis came to be, we first would like to define what we mean by this term.

Collaborative Infrastructure within the context of **health equity** refers to a network of **resilient partnerships** among community members, organizers, government, service providers, and more that **pools resources, power, expertise, and access** to uproot underlying causes of **health inequities** and address immediate needs of community members.

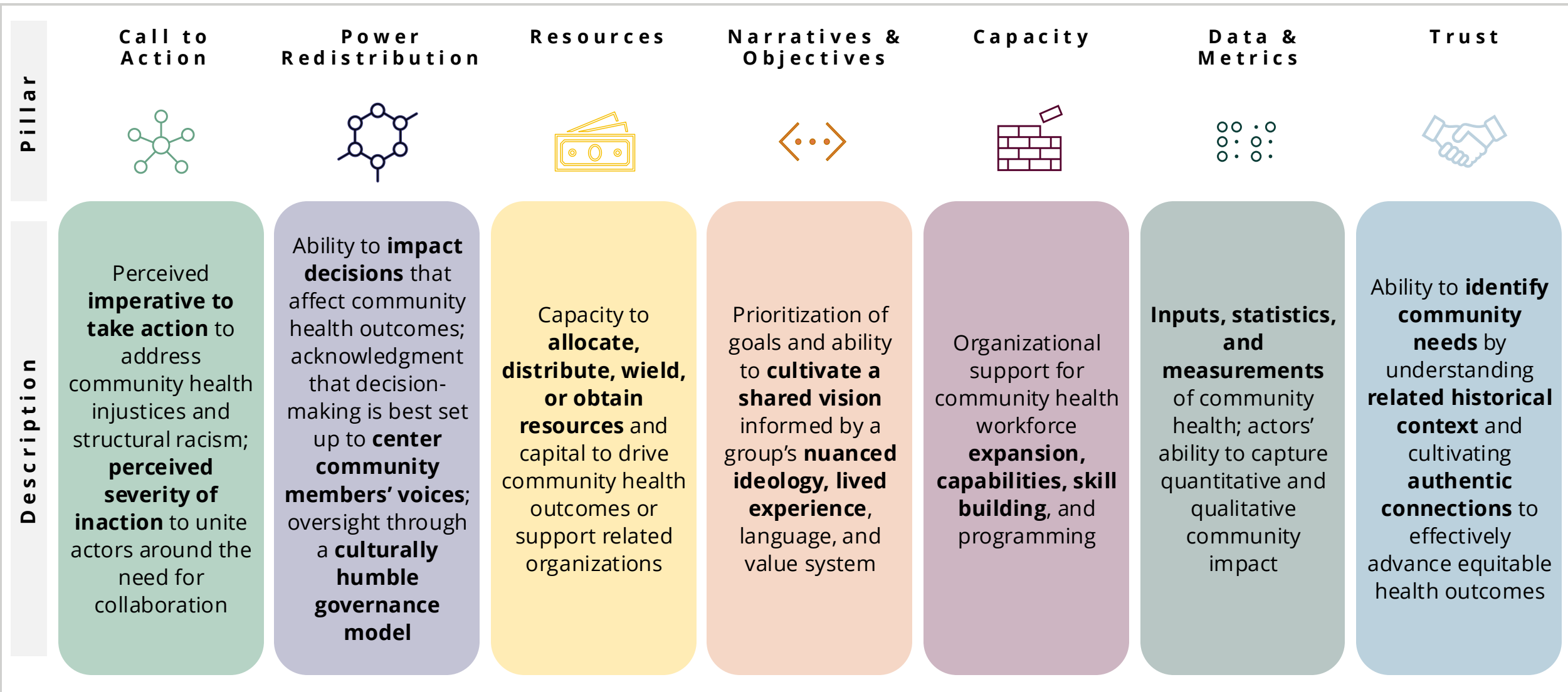
What does collaboration between cross-sector partners enable groups to accomplish?

No **single** organization or institution can drive equitable health outcomes alone.
Collaborating across a community enables groups to...





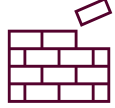




We see seven key pillars of Collaborative Infrastructure

The following seven pillars are the foundation of community health collaboration.





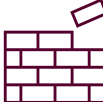




There are challenges related to each pillar of collaborative infrastructure, which may hinder abilities to advance health outcomes

Pillar	Call to Action	Power Redistribution	Resources	Narratives & Objectives	Capacity	Data & Metrics	Trust
Challenges	 <p>Ecosystem actors may have varying levels of perceived urgency to drive health equity-anchored strategies in absence of a unifying force such as COVID-19</p>	 <p>Power often is not ceded without demand. Engaging partners and communities without adjusting for cultural preferences and power dynamics can further inequity and create harm</p>	 <p>Funding is scarce and the process to unlock and maintain grant money is often fraught with restrictions and administrative complexities</p>	 <p>Health care (including public health, community health, social services) is deeply fragmented, contributing to competing priorities, language, and stories across actors</p>	 <p>There is insufficient funding, difficulties with organizational operations, and inadequate policy guardrails to support and develop the workforce and collaboration itself</p>	 <p>Disparate and inconsistent evaluation methods or metrics requested by funders to local organizations make it cumbersome to apply for funding and to articulate community impact</p>	 <p>Mutual trust amongst community actors is lacking due to historical harms. Lack of transparency, insufficient accountability, and lack of community influence into agenda setting may further hamper relationship building</p>

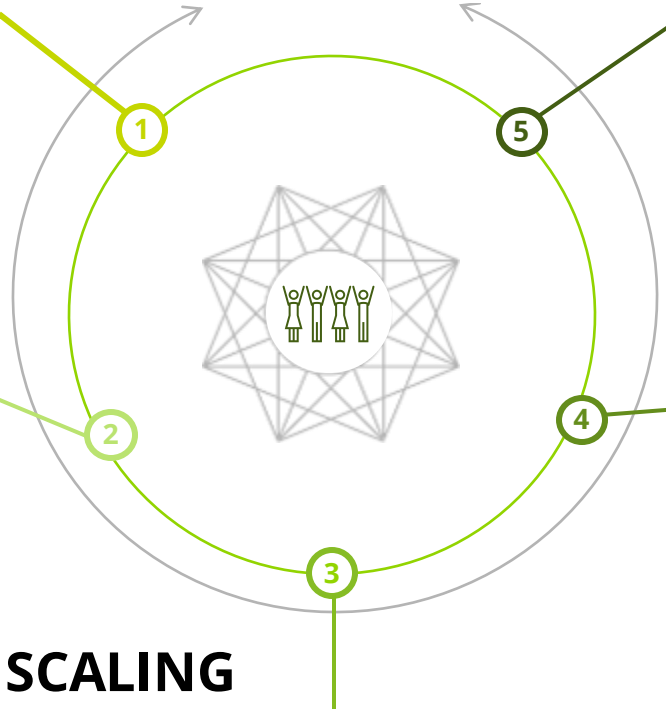
Sample Exercise: What challenges do you or your organization face today related to each of these pillars?

How to Use: As you reflect on these pillars, what challenges do you, your team, or your organization face related to each? How might building stronger collaborative infrastructure support you in mitigating these challenges?

Pillar	Call to Action 	Power Redistribution 	Resources 	Narratives & Objectives 	Capacity 	Data & Metrics 	Trust 
Challenges							

Collaboration at each stage may differ in characteristics and the infrastructure needed to progress to the next stage

STAGES OF COLLABORATIVE INFRASTRUCTURE



1 EMERGING

Groups begin to raise awareness about a community issue and look for like-minded actors for collaboration

- Noting presence of unifying factors, navigating low trust, having cross-sector conversations, and following fragmented leadership
- Forums for open dialogue, investment in understanding community needs, narrative of hope

2 FORMING

Groups begin to build shared vision/goals to form a coalition and test interventions to examine what works

- Identifying partners, integrating perspectives, creating an emerging 'backbone' entity, building trust, and elevating community voices
- Shared agenda, common metrics, identification of data needs, roadmap, ecosystem mapping, governance structure, accountability mechanisms

3 SCALING

Coalitions are formally established and experience initial successes

- Using consistent agendas and messaging, maintaining trust, pooling resources, and identifying and scaling successful interventions
- Data access and analysis, communication of metrics (e.g., impact report), dissemination of success stories, implementation of leading practices, community-informed agendas

5 TRANSFORMING

Coalitions are moving beyond programmatic goals to use influence to drive systems level change

- Conducting advocacy and policy work through narrative of hope, crafting vision and commitment to collaboration, and using a community-driven agenda
- Strategic use of influence on policy/regulations, continuous learning loops, system mapping, identification of root causes

4 SUSTAINING

Coalitions are growing and adapting to new contexts, priorities, and strategic endeavors

- Building deep ties within communities, incorporating new groups, and adapting resources to tackle new community needs
- Feedback mechanisms, strategic learning, shared measurement systems, strategic communications

Legend:

- Characteristics of coalitions in this stage
- Infrastructure needed for success

Organizations can think about activating health equity through collaboration across four domains of action

..... HOW A COLLABORATIVE CAN ACTIVATE ACROSS THE FOUR HEALTH EQUITY DOMAINS



What are **our unique strengths and capabilities**? What support do our partners need and how can we be best set up to serve? How can we continue to hire and retain talent that **reflects the communities we serve**?

Which communities and how many we will serve? What **services, investments, and perspectives** do we need to serve our sites? What **role(s) do we want to play** when collaborating?

How will we **collaborate with and elevate the voice** of the communities we recruit, operate, and invest in? **Which and how many partners** do we need in each community? What unique strengths does each partner carry?

How do we **build and sustain cross-sector partnerships that push for systems change**? How do we amplify policy advocacy and “movement building” to advance equity?

FRAMEWORK SUPPORT:

Strategic Choice Cascade

Decision-Points & Strategic Levers

Collaboration “Roles” and Pillars

Collaboration “Roles” and Toolkits

Power Mapping Toolkit

Ecosystem of Actors Map

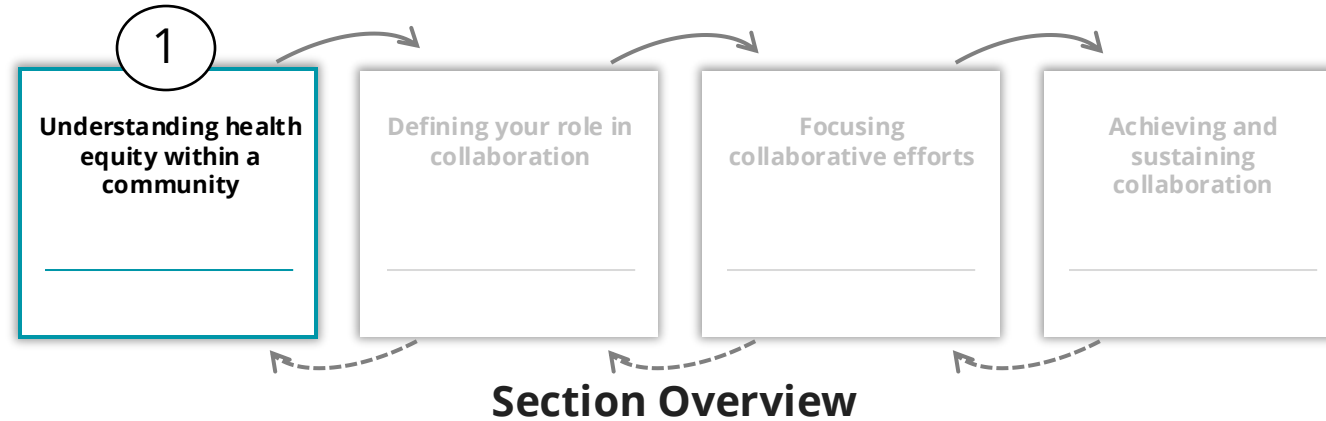
A Roadmap to Building Collaborative Infrastructure

This framework helps organizations, individual leaders, or coalitions think about: with whom, how, and why do I collaborate with others? The chapters are organized by the guiding questions and each chapter includes toolkits, worksheets, and considerations to help an organization answer the questions.



Chapter 1: Understanding health equity within a community

Evaluating health equity in its current state helps all actors align on a shared vision.



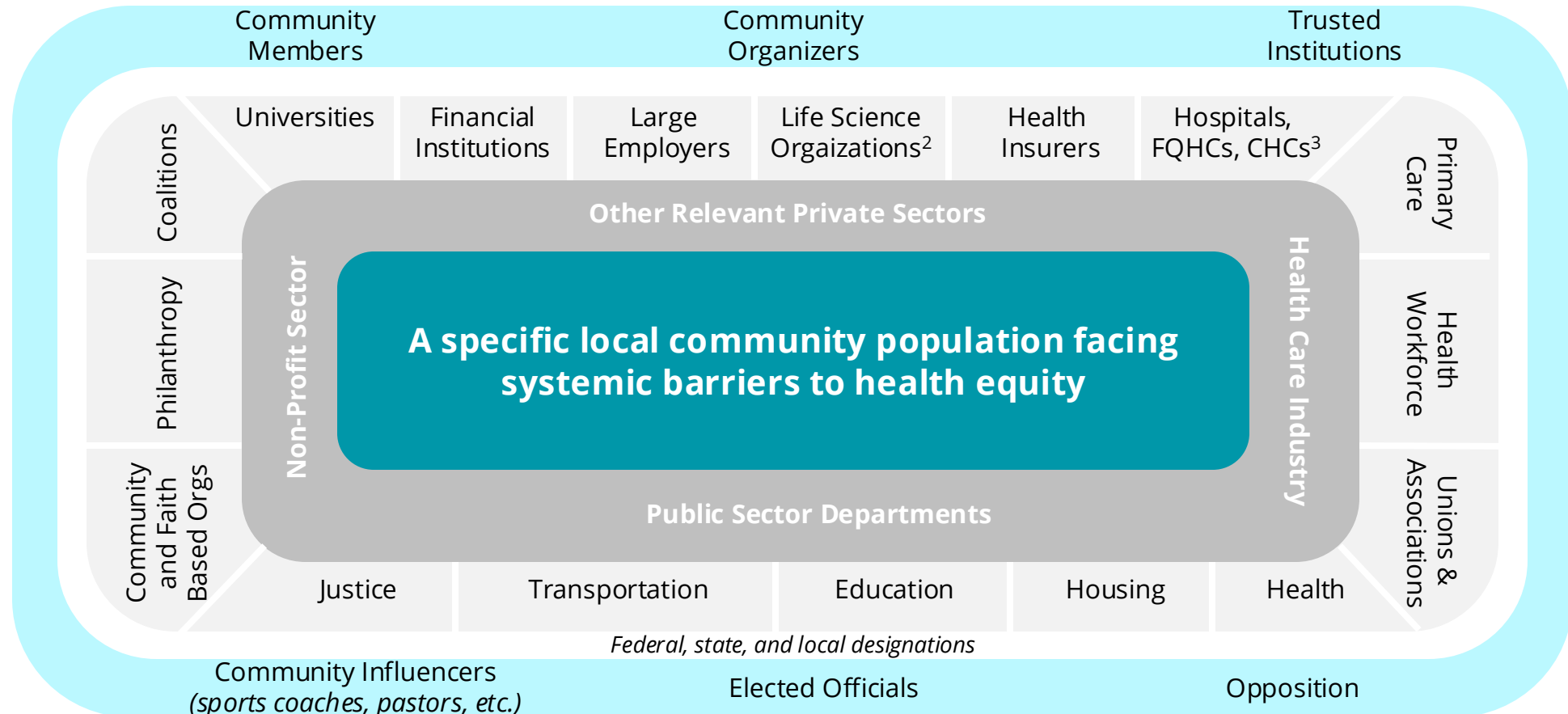
Before an organization can take action to improve health equity, it's important to first **evaluate** the current state of community health outcomes, underlying health equity challenges and drivers, and regional demographics. Doing so will serve as the foundation to inform the future vision for each organization and will support how to answer subsequent questions.

After assessing a community's current state of health equity, an organization can **envision** what the future would look like if **everyone truly had equitable life chances** and all necessary enablers.

Local Health Ecosystem Mapping

Mapping and understanding the array of diverse actors and each of their perspectives or roles in a community health ecosystem is key to collaboration and ultimately, to advancing health equity.

EXAMPLES of Key Actors Influencing Local Health Equity Today¹



Some toolkits that might help to identify additional partners: [Ecosystem Mapping Tool](#), [Vision Network Labs Patterns in Partnering across Public Health Collaboratives](#), [AHA/ACHI Community Engagement](#).

1. This ecosystem map is illustrative and **not intended to be fully exhaustive**. It's important to think holistically and to consider groups, sectors, or actors that may be missing from current collaborations in order to more strategically advance a common mission of equity.

2. [Life sciences](#) includes companies operating in the research, development and manufacturing of pharmaceuticals, biotechnology-based food and medicines, medical devices, biomedical technologies, nutraceuticals, cosmeceuticals, food processing, and other products that improve the lives of organisms

3. FQHC: Federally Qualified Health Centers, CHC: Community Health Centers

Sample Exercise: Map the actors within your Local Health Ecosystem

How to Use: Use this blank template as a starting point to populate and understand your own local health ecosystem. Consider both formal community health organizations, public and private sector players, as well as informal players that influence community health, such as bodegas and gathering places like churches and salons.

Key Actors Influencing Local Health Equity Today



Some toolkits that might help identifying additional partners include: [Ecosystem Mapping Tool](#), [Vision Network Labs Patterns in Partnering across Public Health Collaboratives](#) and [AHA/ACHI Community Engagement](#).

Actors should understand the community's current health status, needs, and range of other players in the space to envision the ideal future state

Assessing health equity requires understanding the community's needs (from their own perspective), current health status, and systemic challenges inhibiting equitable health outcomes.

PATHWAY TO UNDERSTANDING HEALTH EQUITY VISION



UNDERSTAND HEALTH STATUS



Understand key health, socio-economic, environmental and quality-of-life outcomes within the community today

For example, use tools such as Community Status Assessment or Community Health Needs Assessments*¹



[NACCHO's Community Status Assessment](#)



IDENTIFY BARRIERS TO HEALTH EQUITY



Understand lived experience and the key drivers or challenges through community member interviews and Community health worker input

For example, use tools such as Community Health Context Assessment*¹



[NACCHO's Community Health Context Assessment](#)



PRIORITIZE FOCUS AREAS TO ADVANCE EQUITY



Identify the most pressing community health needs to prioritize and focus resources and efforts into priority areas

For example, use AHA/ACHI's Community Health Assessment toolkit (Chp. 5)*



[AHA/ACHI's Community Health Assessment Toolkit](#)

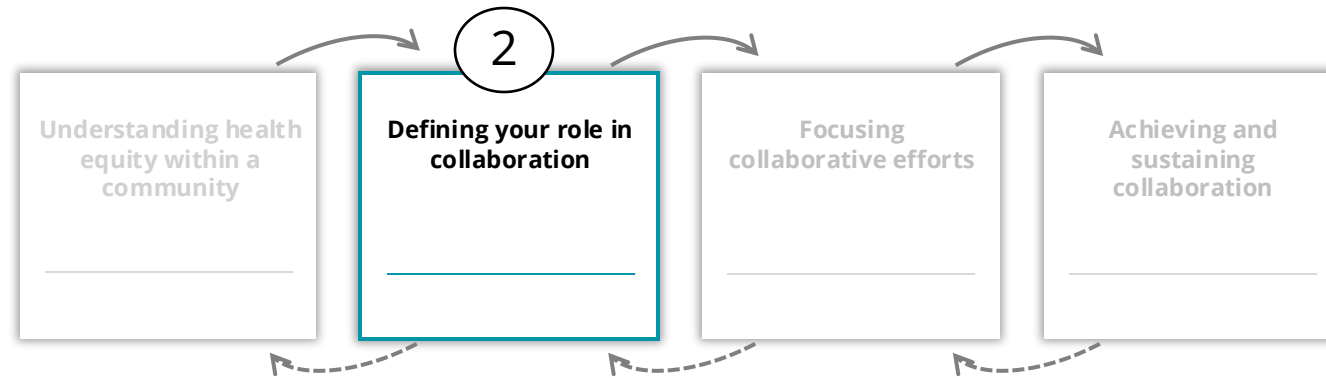
1. Please note: A free login is required to access NACCHO resources.

Sources: [NACCHO MAPP Tools Repository](#) (login require, free to access), [NACCHO Community Health Assessment](#) (login required, free to access), [AHA/ACHI Community Health Assessment Toolkit](#)

* These tools are meant as a starting point and may not be wholly comprehensive or accurate on their own. Having all the tools at one's disposal may not always be possible, especially in the context of limited resources.

Chapter 2: Defining your role in collaboration

Driving equitable community health outcomes both as an independent organization and collectively throughout the ecosystem, requires actors to clearly define the role they will play in acting towards the health equity vision.



Section Overview

With a vision of health equity in mind, an organization's next step is to **decide their focus area(s) and role(s)**. Understanding that health inequities can have multifaceted causes and complex potential solutions, an organization needs to be thoughtful to choose **how and where to dedicate their finite resources and leverage their areas of specialization**.

A narrower scope can enable **focused action leading to targeted impact** as well as more **effective resource allocation**.

Defining your role(s) allows you identify where gaps can be filled with collaborative efforts to advance health equity

Why Roles?

We believe these eight **key roles**¹ are necessary to holistically advance health equity on the ground in and across communities. Each organization or leader may **view themselves** as **one or multiple roles** within any collaboration depending on the community context, partners involved, type of impact sought, and more. The priorities of an organization or leader help determine **which of these roles are most important** to achieve the collective goal.



Community Organizing

Identify, engage, and mobilize key community actors and orgs. at the grassroots level.



Service Provision

Provide clinical and/or social service support based on community member needs.



Advocating

Advance reform of policy and laws through strategic use of health education, lobbying, and other tactics to drive momentum on social change.



Advising

Support capacity sharing² to promote co-learning and cross-learning.



Funding

Provide financing of community health work through grants, sub-contracting, philanthropy, and other self-funding mechanisms.



Learning

Support dissemination of knowledge, and collection and analysis of data and community stories to document and elevate progress across geographies.



Amplifying

Publicize and promote community voices and stories to broader communities to garner support.



Convening

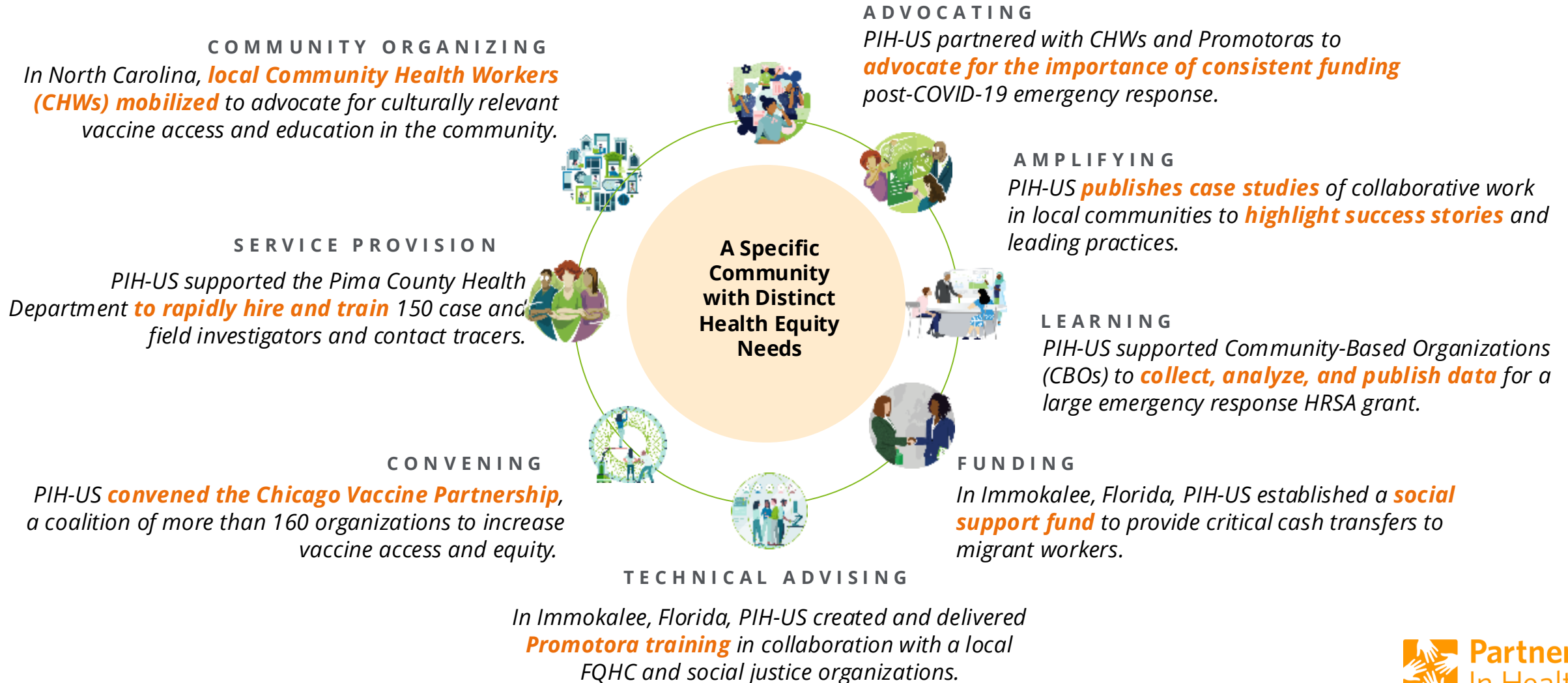
Support backbone coordination and administrative functions to develop strategies and agendas unite actors.

Organization Reflection Questions: What role(s) do you currently play? What role(s) do you want to focus on for the future, based on your vision of health equity and recognition of limited time and resources?

Note: It is assumed that community members, in addition to organizations, play each of these roles and are sharing their lived experiences and voices to inform action throughout.

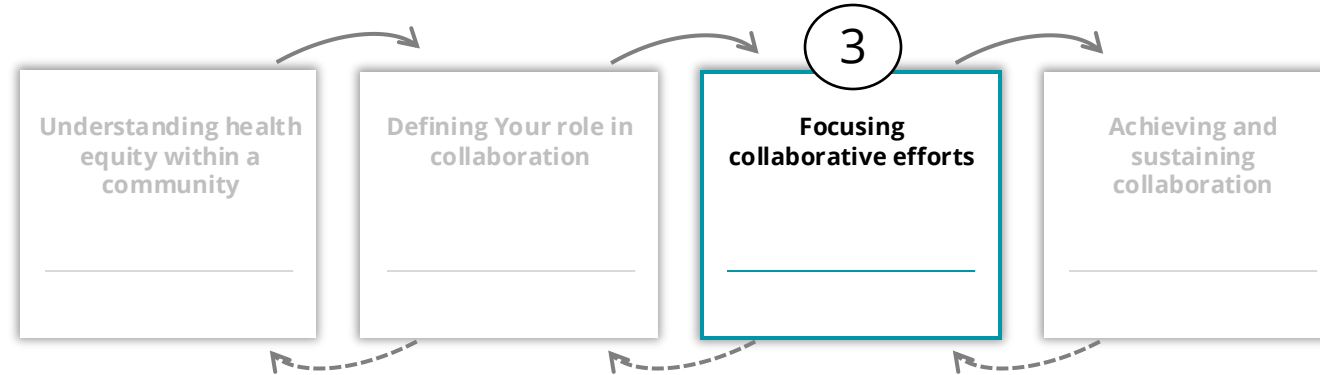
Sources: 1. [National Academy of Science, Engineering and Medicine](#) 2. [Michigan School of Public Health](#)

Example in action: PIH-US demonstrates how an organization can take on different roles based on each community's unique needs



Chapter 3: Focusing collaborative efforts

After establishing the role in which an organization or collective will contribute to equitable community health outcomes, it is important to then align on **required partnerships** to fill the other roles needed to achieve the health equity vision.



Section Overview

- Functions important to carrying out the organizational vision should first be defined
- Some functions would be present or developed internally while others would be derived from community partnerships
- An organization should understand necessary tradeoffs at each juncture to make strategic decisions on how to position themselves and how to approach partnerships

Sample Exercise: Identifying *who* you collaborate with and *how* you collaborate will be informed by which role(s) your organization or coalition selects

How to Use: Place a checkmark or an X in the columns that correspond to the role(s) that answers each question in grey.

Community health work is advanced when **collaboration** occurs with a holistic **combination** of roles.



Community Organizing



Service Provision



Advocating



Advising



Funding



Learning



Amplifying



Convening

Which roles are needed to mobilize on the focus areas identified by your organization or coalition?

Which role(s) can be undertaken internally based on your organization or coalition's strengths and specialties?







Which role(s) require collaboration with external partners?

Note: This exercise can be revisited in whatever specific time horizon each project needs (e.g., quarterly, annually, for a specific one-time project, etc.).

Sample Exercise: Thinking about the different tradeoffs your organization faces when collaborating can help to inform your strategy and where to focus action

DECISION POINTS

Compare poles A and Z below to understand implications of different decisions for your collaboration strategy.







	Pole "A"	Pole "Z"	Example Considerations
Focused vs. General	Narrow focus on a specific community health topic(s) 	Broad equity focus for community writ-large	Example focus areas might include behavioral health, maternal & infant health, violence prevention vs. a wide array of equity goals.
Upstream Root Causes vs. Downstream Effects	Focus on addressing upstream causes of health inequities 	Focus on delivering services that alleviate or impact immediate health inequities	Addressing root causes can be more complex and can require more advocacy-focused partnerships or broadening beyond traditional "health care."
Local vs. Regional Systems Change	Deep focus on hyper-local work and partnerships 	Large-scale or multi-region systems change	Depending on an organization's unique connections and skill sets, one of these options may be easier than another.
Depth vs. Breadth	Fewer, deeper relationships 	Wide network of partners	Ability to convene a diverse group of actors may increase with breadth (and complexity) of network.
Partnership Ideology	Prioritizing partners with similar ideologies & perspectives 	Working 'across the aisle' or those with different priorities	In ecosystems with tense political environments, working across the aisle may require heightened intentionality.
Time Allocation & Bandwidth	Time spent cultivating partnerships 	Time spent delivering on internal mission	Limited bandwidth of workforce, time, or resources may necessitate more time spent on internal demands.

Sample Exercise: Consider tradeoffs your role faces when collaborating

How to Use: Think about the decision points you, your organization, or your coalition faces: What's needed to advance health equity for a particular project? What's within your organization's purview based on the collaborative infrastructure role you play? Where might you collaborate to fulfill the needs? Place the blue and green dots along the slider for each decision point; describe why in the rationale column. **This is intended as a conversation starter** (and not a formal checklist!) to help you think about how you can prioritize your team's time and what types of partners you may need alongside you to achieve your vision.

DECISION POINTS

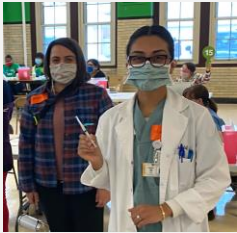
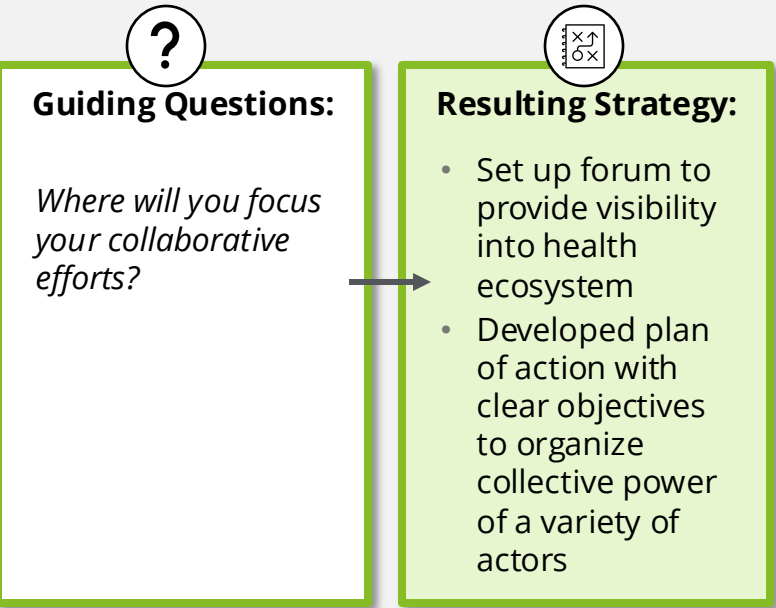
Compare poles A and Z below to understand implications of different decisions for your collaboration strategy.

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Chapter 3 Case Study: Focusing Efforts

Chicagoland Vaccine Partnership



CONTEXT

- A coalition of Chicagoland community-based organizations (CBOs) recognized a clear need for cross-community coordination to develop hyper-local, community-led, culturally competent strategies **to equitably distribute COVID-19 vaccines.**
- The wide array of actors **established a collective and shared plan of action by organizing objectives and roles** through the Chicagoland Vaccine Partnership (CVP).



APPROACH

- Through the formation of the Chicagoland Vaccine Partnership (CVP), this array of community health partners:
- **Created visibility** about the resources and capabilities across Chicagoland’s vast community health landscape
 - Set shared, **cross-cutting objectives** informed by collective specialization and learnings of the diverse group of partners
 - **Coordinated collective resources** through weekly town halls, grant distribution, and skill-share trainings to increase vaccine access in marginalized communities



IMPACT

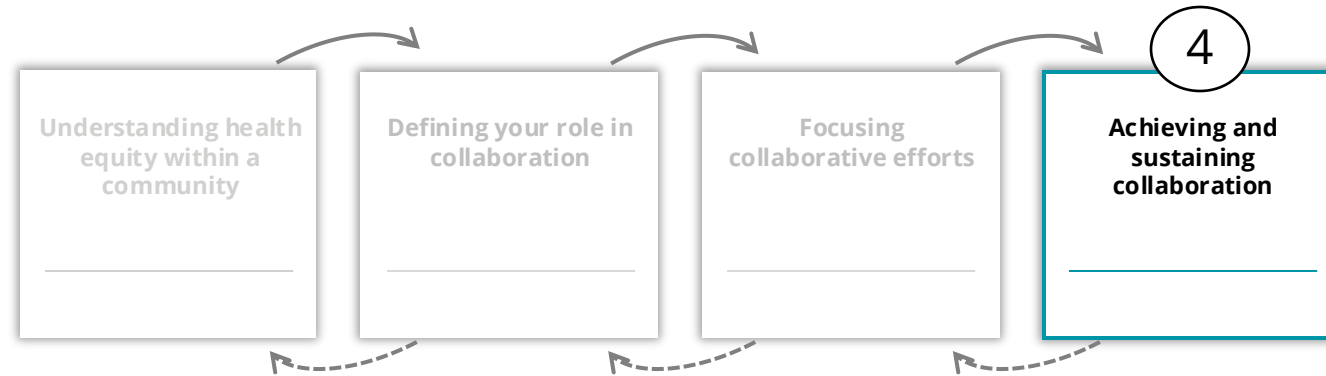
\$3 million in small grants to 77 community-based organizations (CBOs)

Engaged 125,000 community members

7,000 vaccinations provided in places with low inoculation rates

Chapter 4: Achieving and sustaining collaboration capacity

Once necessary partners are identified and invited to collaborate, **coalitions** can **mature** by implementing best practice **collaboration tactics**, such as defining shared impact metrics and governance, to advance health equity goals.



Section Overview

- Each organization will face unique challenges depending on the functions it supports, what community partners are in place, and the 'maturity' or stage of its collaboration
- Based on how long a collaboration has been underway or the degree of alignment in a collaboration, there are different tools available to support challenges you may face

Many publicly available tools and research exist to support collaboration

➤ BUILD TRUSTED PARTNERSHIPS

Move at the **speed of trust** while collaborating with diverse groups and actors through continuous communication and **transparency**.

[*Tool to promote accountability in groups*](#)

➤ CREATE SHARED MEASUREMENTS*

Collect and support data driven decision making based on **common metrics** to measure and communicate success.

[*Guidelines on metric development*](#)

➤ PROMOTE A COMMON AGENDA

Create **shared narratives** to ensure groups and actors are aligned on goals and working together towards similar objectives.

[*Tool to help design shared vision and goals*](#)

➤ INVEST IN CAPACITY SHARING*

Support co-learning through a joint effort amongst partners to create new knowledge, resources and skills from combined specialties.

[*Leading practices to provide technical advising*](#)

➤ SUPPORT COMMUNITY-LED, MUTUALLY REINFORCING ACTIVITIES

Share power by following community-led agendas and integrating activities to maximize impact. **Respect specialization, autonomy and leadership** of partners.

[*Tool for power mapping*](#)

➤ PROMOTE ACCOUNTABILITY

Engage in awareness to action discussions and create **feedback mechanisms** to build culture of accountability in collaboration.

[*Leading practices to create feedback mechanisms*](#)

➤ INSTILL A GOVERNANCE & FUNDING MODEL

Identify **backbone organization(s)** to create a governance structure to and align and coordinate the work of the group.

[*Tips for governing partnerships and supporting trust-based funding*](#)

➤ ELEVATE NARRATIVES OF SUCCESS

Invest in or utilize existing **communication platforms** to celebrate community health equity sector and **elevate community voices**.

[*Guidelines to design effective narratives*](#)

Partners can refine their vision for work together by understanding what functions are needed and tradeoffs made when prioritizing time and effort

GUIDING QUESTIONS

- ? Understanding health equity within a community**
What is the current state of health equity in your community? What is the ideal future? Who are the key actors that influence outcomes today?
- ? Defining your role**
What role will you play in collaboration?
- ? Focusing**
Where will you focus your collaborative efforts?
- ? Achieving and sustaining collaboration capacity**
What capabilities do you need to achieve and sustain collaborative infrastructure?



In order to answer these questions, it's important to assess:

- (1) Potential partners within the health equity ecosystem**
- (2) Role to play internally and additional functions needed to carry out vision**
- (3) Strategic tradeoffs that should be made**
- (4) Prioritizing partnership efforts with strategic trade-offs in mind**






Partners In Health – United States

[Partners In Health United States](#) (PIH-US) is on a mission to advance health equity in the U.S. by accompanying local leaders to build strong, community-led health systems. Alongside our partners, we are reimagining U.S. health and social systems to better serve communities who have been systematically excluded from resources and care. Together, we are building stronger public health infrastructure, a more robust community health workforce, and a more just health system overall. Learn more at pih.org/united-states.

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