Collaborative Infrastructure Framework

Partners In Health United States

January 2025

Document Purpose

What: This document is a tool for organizations and leaders to help think about ways to **collaborate with others to amplify health equity**.* This document is intended to be used in different segments or pieces and can be further adapted or used in the way you know best.

Who: This framework can be used by any community actor, team, or organization looking to collaborate to advance health equity in a community or for a specific project.

How: In this document, we define the concept "Collaborative Infrastructure" and present some questions to frame how you may approach collaborations. We use case studies to outline strategic choices other organizations have made when building Collaborative Infrastructure.

What this is NOT: This is NOT a box-checking-tool, an assessment of current collaborators, nor a prescriptive directive. Deloitte and Partners In Health-United States are participants, and not administrators of this tool, and we too are learning and improving how we collaborate to advance community health.

*Note: Collaborative Infrastructure is defined later in these materials as referring to a network of resilient partnerships among community members, organizers, government, service providers, and more to pool resources, power, expertise, and access to uproot underlying causes of health inequities and immediate needs of community members.

Acknowledging our own perspectives and limitations

It is important to state at the outset and acknowledge that research and views are inherently shaped by cultural contexts in both life and work environments. As such, the views and content included in this framework may include biases or errors, informed by the backgrounds, privileges, and roles of the authors.

This work was drafted by a team from Deloitte Consulting LLP (Deloitte) and Partners In Health United States (PIH-US), and the community collaborators engaged are through existing relationships of the Deloitte Health Equity Institute (DHEI) or PIH-US; therefore, the content within is not exhaustive of community perspectives. We welcome feedback and reflection on areas and methods for improvement.

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

We've considered the following questions to inform our work.

1) Who might **most benefit** from this framework, and why?
2) What are some **potential unintended consequences** or harms of this framework?
3) What **factors have we not considered** when developing this framework?
4) Have we **examined the right or adequate literature** to understand how different communities may be impacted by this work?
5) Have we **examined and challenged assumptions and biases**?

This framework was developed through an iterative process that included desk research, collaborator interviews, and design sessions

Internal Analysis

A review of PIH-US's work in building partnerships and advancing health equity within communities.

External Literature Review

A synthesis of 70+ materials to understand the structural roots of health inequities, and leading practices for building partnerships.

Interviews

A synthesis of interviews with 20 PIH-US team members, 9 community collaborators, 10 external luminaries, and 7 Deloitte public health leaders to inform this work.

Framework Co-Design

An ongoing series of workshops to align on the vision, components, and attributes of the framework.

This framework is intended to be updated on an ongoing basis based on user feedback and changing circumstances and tailored to fit user needs/desires to remain relevant to community actors and groups collaborating to advance health equity in 2024 and beyond.

Table of Contents

Executive Summary

Partners In Health-United States (PIH-US) has demonstrated how wide collaboration is an important means to advance health equity, especially through its COVID-19 response work partnering with communities across the U.S.

PIH-US collaborated with Deloitte's Health Equity Institute in 2022 to develop a **framework for "Collaborative Infrastructure"** that outlines key elements of, and collaborators across, the U.S. public health system, as well as strategies and tools that drive meaningful partnerships and action towards equitable health outcomes.

This collaborative infrastructure framework is **organized into four primary chapters** to help organizations think through the important elements and questions to ask themselves and their partners when collaborating to advance health equity.
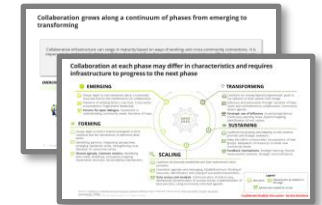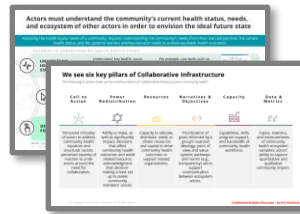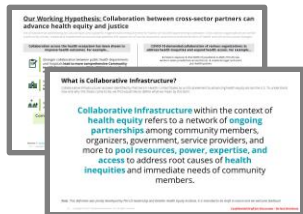
Introduction
Define the ways in which **collaboration** between **cross-sector partners can advance health equity.**

Chapter 1: Understanding
Map the actors in community health and **highlight methods** to **assess health equity needs** in a community.

Chapter 2: Defining
Apply the current state of the community health ecosystem to **identify where and how to focus organizational and collective efforts**.

Chapter 3: Focusing
Prioritize which roles and partners are necessary to carry out the vision and deciding on strategic partnerships.

Chapter 4: Sustaining
Align on methods of evaluation, tools, and resources needed to make continued and effective progress towards health equity objectives.

Note: Users do not have to start at the beginning of the framework. It is possible that the completion of one section leads to reflection, revisits, or reimaginations of previous questions.

*Click on the text to jump to definition.

User Guide: Illustrative Examples of How You Might Use This Resource

SAMPLE ORGANIZATION	Coalition	Health Department	Community Based Organization (CBO)	Federally Qualified Health Center (FQHC)
REASON FOR USE	Working to understand which areas of community health to immediately support	Looking to set internal priorities with more precision for a 3-5-year strategic plan	Desiring to connect with regional CBO peers to participate in knowledge exchange	Looking for ways to maintain partnerships developed during pandemic relief efforts
JUMP-TO CHAPTER	*Chapter 1:* Understanding	*Chapter 2:* Defining	*Chapter 3:* Focusing	*Chapter 4:* Advancing
INSIGHT GAINED	Increased clarity on how to outline a vision to address health equity gaps that is community-informed	Perspective on how to strategically concentrate efforts	Tradeoffs to consider in which partnerships to prioritize	Tactics to help manage and evaluate the collaborative infrastructure to achieve organizational vision
WHERE TO GO NEXT?	**Chapter 2** to define the role or type of collaborator the coalition will be when working with other organizations	**Chapter 3** to align on what roles to partner with other organizations	**Chapter 4** to discover potential capabilities needed to deepen and sustain effective collaborative infrastructure	**Appendix** to deepen understanding through application of specific tools

Introducing Collaborative Infrastructure to Advance Health Equity

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 heath 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

Why are health inequities so persistent?

There are three main interrelated and deep-seeded root causes of health inequity in the U.S. that continue to uphold injustice today...

Structural Racism and Biases

Deep intersections across these root causes perpetuate health inequities.

Fragmented Health System

Deep Inequities in the **Drivers of Health[1]**
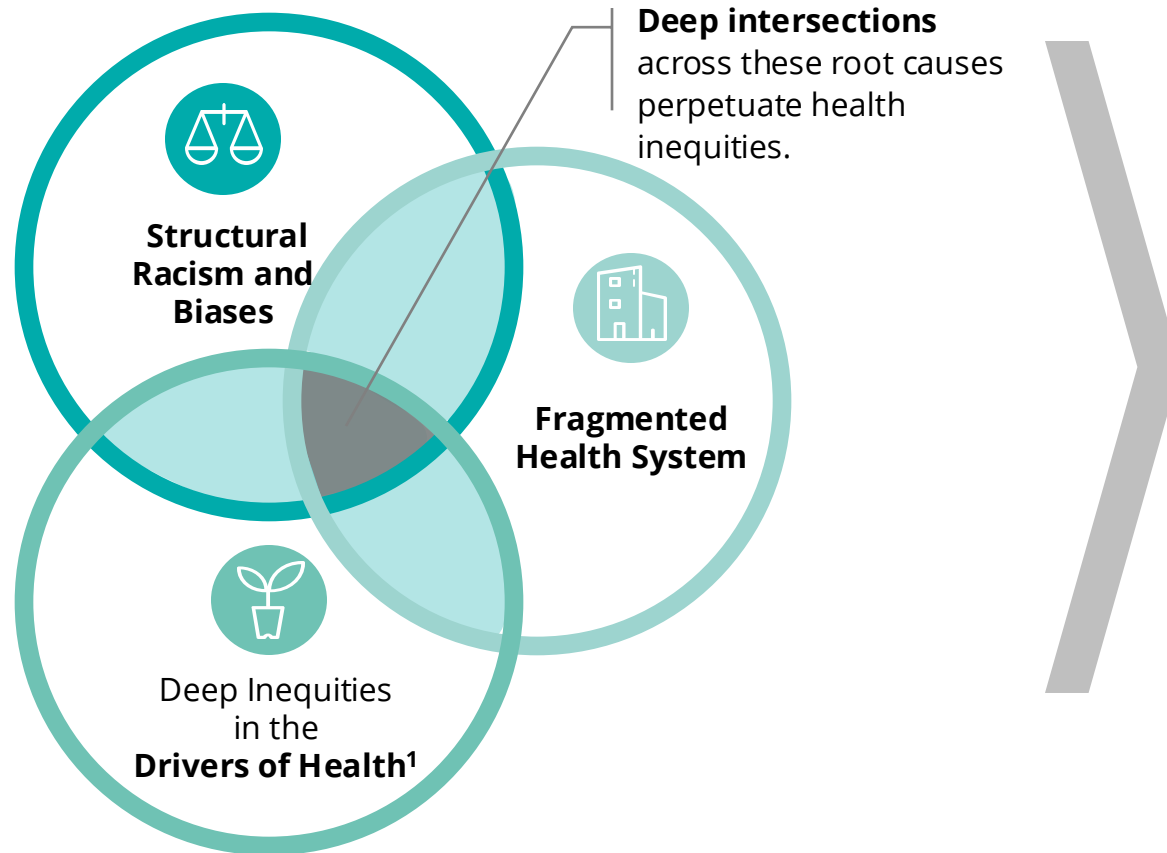
...yet there are examples where collaboration was successful to uproot these systemic causes and promote justice

Ex. 1: Environmental Justice movement

➤ The Environmental Justice movement tried to bring a holistic lens to solving high asthma rates in Harlem through collaboration between community organizers, policy makers, and real-estate agents to address structural racism in locally unwanted land use[2,3,4,5].

Ex. 2: LGBTQ+ Movement Organizing

➤ ACT-UP, a group of activists, collaborated with policy makers, clinicians, researchers and educators to address stigma against LGBTQIA+ populations in creating comprehensive interventions to address the AIDS epidemic[6].

Our working hypothesis: **Collaborative infrastructure, which brings together cross-sector partners, works to amplify and redistribute power to community members and promotes the sharing of key resources in ways that systematically advance health equity.**

Source: 1. Drivers of Health are also frequently referred to as Social Determinants of Health, see more information here: Deloitte 2.Environment & Health Data Portal 3. American Journal of Public Health, 4. Grist Climate Justice Solutions 5. Goldman Evaluation Prize 6. ACT UP Historical Archive

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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.

Note: This definition was jointly developed by PIH-US leadership and Deloitte Health Equity Institute. It is intended to be draft in nature and we welcome feedback

Working Hypothesis: **Collaborative infrastructure is an important approach to advance health equity in the U.S.**

We propose that collaborative infrastructure can improve health outcomes, and most importantly, advance **health equity** because it demands multi-sector partnering, grassroots organization, uplifting of the community health workforce, and disruption of deep-rooted systems or power that hold back justice and equity today.

The COVID-19 pandemic response underscores recent examples of collaboration of public, private, and social sectors for local impact...	...and this type of collaboration is known to expand access and improve health outcomes.

$86.2M

Catalytic funding unlocked for local partners to deliver on shared goals[1]

5,900

Contact tracers, Community Health Workers (CHWs), and Promotoras hired and trained[1]

5.5M

People reached with COVID-19 vaccine outreach, educational information, and social support[1]

Stronger collaboration between public health departments and hospitals leads to:

✓ **More comprehensive, community-led Community Health Needs Assessments (CHAs/CHNAs)** than individual organizational efforts[2]
✓ A positive association with **healthier individual-level behaviors**[3]

Intentional collaboration and infrastructure with communities and **Community Health Workforces** are known to advance **equity**.

Collaborative infrastructure ensures that resources are distributed more equitably:[4]

"From Roosevelt's New Deal to Obama's American Recovery Act to recent federal COVID-19 relief, communities with strong cross-sector relationships and inclusive civic participation have been able to successfully align on shared priorities and influence the allocation of resources."

The CHW, Promotora, and CHR* workforce is a proven model that advances health equity. More integration into traditional care models, protective policies, and funding is needed to sustain impact:

Community Health Workers and Peer Providers improve patient outcomes for individuals who experience inequities based on race and ethnicity, sex or gender identity, language, and location because they bring forward shared, lived experiences and enhance trust.[5]

*For definitions of key terms, please see the glossary in the Appendix.
Sources: 1. PIH-US, 2. Commonwealth Fund, 3. BMC Health Services Research, 4. FSG 5. Families USA; Am J Public Health; Med Care Res Rev; Med Care
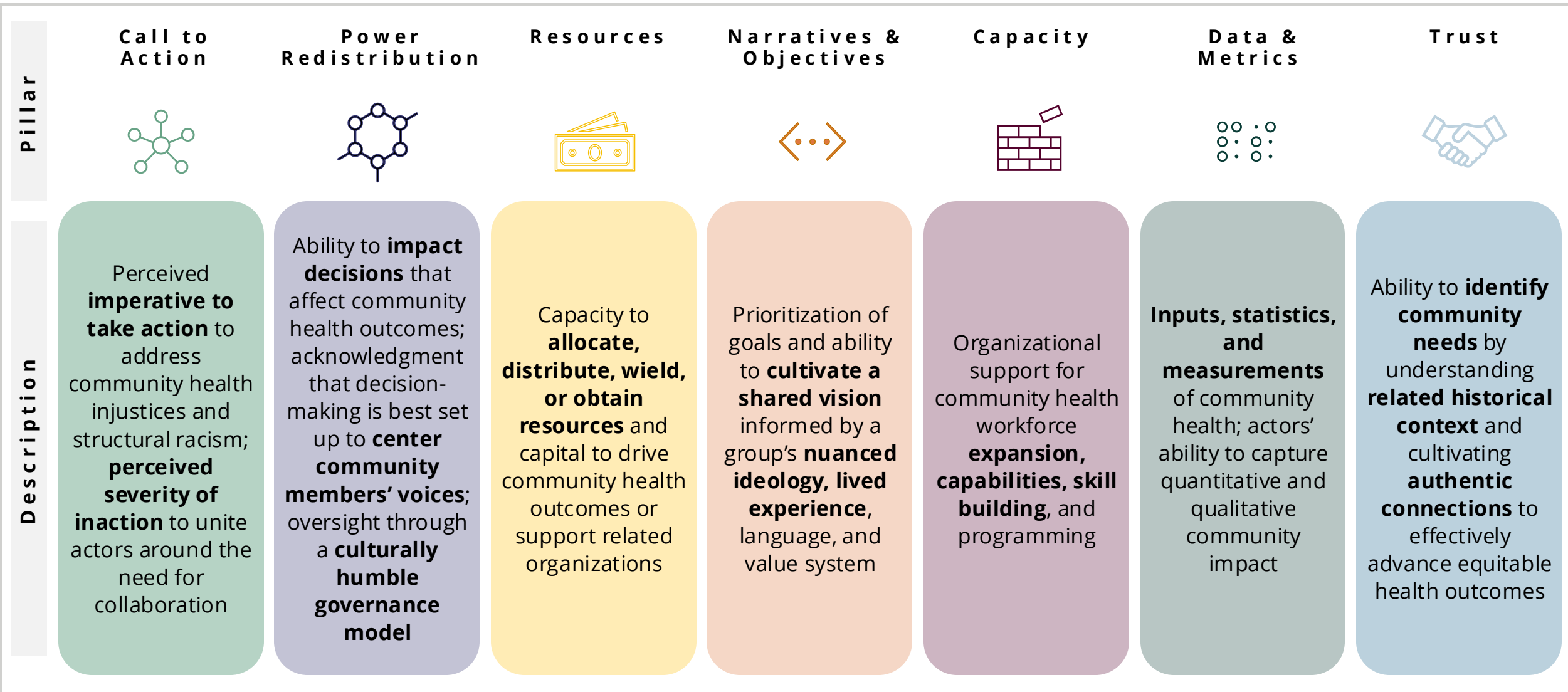
What does collaboration between cross-sector partners enable groups to accomplish?

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

Elevate community voices and needs

Identify, steward, & enable funding opportunities

Align on community priorities and a common agenda

Share resources, knowledge, and skills across organizations

Train, support, and sustain community health workforce

Address both short- and long-term health inequities

We see seven key pillars of Collaborative Infrastructure

The following seven pillars are the foundation of collaborative infrastructure in community health.

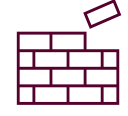| Pillar	Call to Action	Power Redistribution	Resources	Narratives & Objectives	Capacity	Data & Metrics	Trust
Description	Perceived **imperative to take action** to address community health injustices and structural racism; **perceived severity of inaction** to unite actors around the need for collaboration	Ability to **impact decisions** that affect community health outcomes; acknowledgment that decision-making is best set up to **center community members' voices**; oversight through a **culturally humble governance model**	Capacity to **allocate, distribute, wield, or obtain resources** and capital to drive community health outcomes or support related organizations	Prioritization of goals and ability to **cultivate a shared vision** informed by a group's **nuanced ideology, lived experience**, language, and value system	Organizational support for community health workforce **expansion, capabilities, skill building**, and programming	**Inputs, statistics, and measurements** of community health; actors' ability to capture quantitative and qualitative community impact	Ability to **identify community needs** by understanding **related historical context** and cultivating **authentic connections** to effectively advance equitable health outcomes

There are <u>challenges</u> 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	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	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	**Funding is scarce** and the process to unlock and maintain grant money is often fraught with **restrictions** and **administrative complexities**	Health care (including public health, community health, social services) is **deeply fragmented**, contributing to competing priorities, language, and stories across actors	There is **insufficient funding, difficulties with organizational operations,** and **inadequate policy guardrails** to support and develop the workforce and collaboration itself	**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**	**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

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?

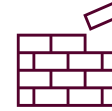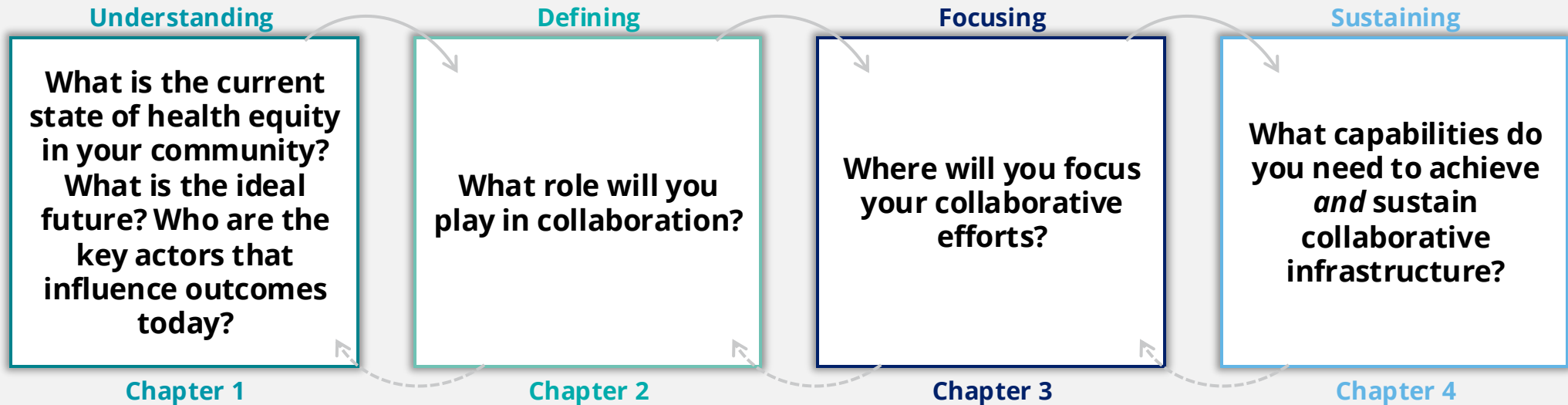| Pillar	Call to Action	Power Redistribution	Resources	Narratives & Objectives	Capacity	Data & Metrics	Trust
Challenges							

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To build and sustain the pillars of Collaborative Infrastructure, you can consider a series of guiding questions

This framework is structured to help organizations, individual leaders, or existing or new coalitions think about: with whom, how, and why do I collaborate with others?

GUIDING QUESTIONS TO BUILD COLLABORATIVE INFRASTRUCTURE

Understanding

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?

Chapter 1

Defining

What role will you play in collaboration?

Chapter 2

Focusing

Where will you focus your collaborative efforts?

Chapter 3

Sustaining

What capabilities do you need to achieve *and* sustain collaborative infrastructure?

Chapter 4

These questions help to organize this document by:

- *Providing tools, templates, and other resources:* Each chapter includes thought-starters related to the guiding questions, example case studies or success stories of real organizations' approaches, and hyperlinks to publicly available tools and resources.

- *Self-directing your pace:* The guiding questions are intentionally **not linear.** A leader or organization may start at any chapter and move up or down the 'cascade' of questions depending on their specific needs.
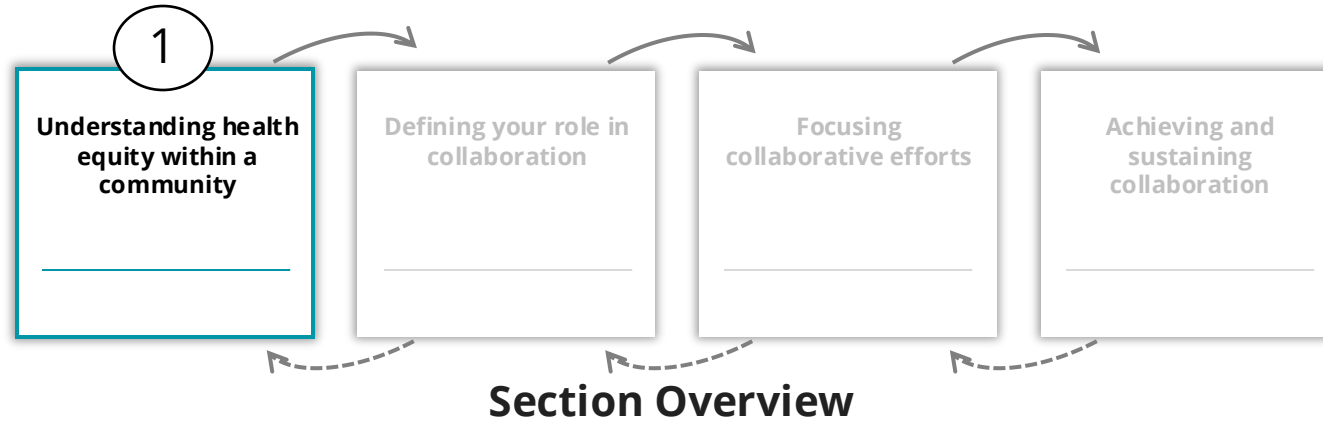
CHAPTER 1:
<u>Understanding</u> Health Equity Within Your Community

? What is the current state of health equity in your community?

? What is your ideal future state? If you truly achieved health equity, what would that look like for your community?

? Who are the key actors in your community that influence health equity outcomes today?

Chapter 1: Understanding health equity within a community

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

(1)

Understanding health equity within a community	Defining your role in collaboration	Focusing collaborative efforts	Achieving and sustaining collaboration

Section Overview

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 barriers 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.

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

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

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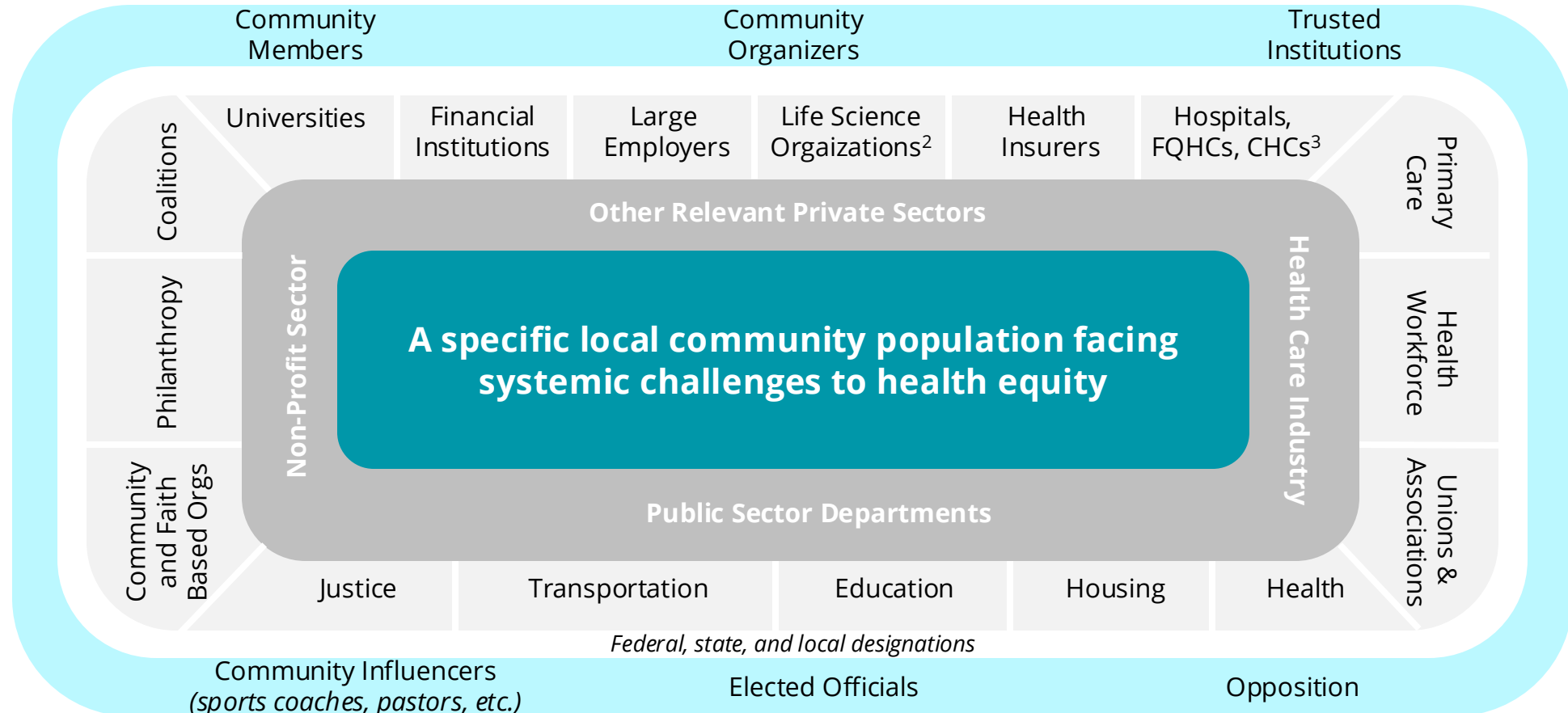
Sources: NACCHO MAPP Tools Repository (login require, free to access), NACCHO Community Health Assessment (login required, free to access), AHA/ACHI Community Health Assessment Toolkit,

* 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.

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 Today[1]

Community Members		Community Organizers		Trusted Institutions	

| Coalitions | Universities | Financial Institutions | Large Employers | Life Science Orgaizations[2] | Health Insurers | Hospitals, FQHCs, CHCs[3] | Primary Care |

Other Relevant Private Sectors

| Non-Profit Sector | | | **A specific local community population facing systemic challenges to health equity** | Health Care Industry | Health Workforce |

| Philanthropy | | | | | |

| Community and Faith Based Orgs | | | | Unions & Associations |

Public Sector Departments

| Justice | Transportation | Education | Housing | Health |

Federal, state, and local designations

| Community Influencers _(sports coaches, pastors, etc.)_ | Elected Officials | Opposition |

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

**Your community population and
the health and social structures at play**

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.

Chapter 1 Case Study:

Understanding Health Equity Within Your Community

✳ **UNIDOS US**

(?)

Guiding Questions:

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?

→

Resulting Strategy:

Defined barriers impacting equitable health outcomes for the U.S. Latinx/Latino/ Hispanic community and related opportunities for solutions

CONTEXT

- The COVID-19 pandemic **forever changed the Latinx community**. Latinx in the U.S. comprised 18% of all COVID-19 deaths for which race and ethnicity are known and 34% of all COVID-19 deaths when adjusted for U.S. population distributions.

- Disparities among Latinx families in the U.S. persist **across several measures** (e.g., insufficiency of family food, health insurance coverage, unaffordable housing) due to structural barriers (e.g., essential workers, no paid sick leave, language access).

APPROACH

- **Assessed current state by:**

  - Highlighting **essential worker health statistics**, economic demand for migrant workers, and work shortage

  - Identifying **key dimension of equity gaps** between Latino and average American families before and after pandemic relief payments

  - Noting **inequitable vaccination rates** and **persistent barriers** to vaccine access

  - Defining what **policy and community action** are paramount to address health, housing, nutrition disparities in the Latinx community

IMPACT

By assessing the variety of factors contributing to equity gaps between Latinx and other average American families, UNIDOS US identified related opportunities to **develop an equitable COVID-19 recovery strategy** that comprehensively addressed the long-term equity gaps for the Latinx community in **health, income, and housing**.

Chapter 1 Recap: Understanding the current state allows cross-sector partners to envision what's possible for the future

CONSIDERATIONS TO UNDERSTAND HEALTH EQUITY WITHIN A COMMUNITY

1 | Begin by evaluating current state health outcomes.

2 | Identify structural challenges to and drivers of health equity in your local community context.

3 | Assess existing community assets and identify resources or assets that would help to improve health and equity.

4 | Craft a future vision of health equity in your community, informed by community voice and needs.

HELPFUL TOOLS.

1. AHA/ACHI's Community Health Assessment Toolkit

TECHNIQUES	DESCRIPTION
Multi-voting technique	Decide on priorities by agreeing or disagreeing in group discussions and continuing process/rounds until a final list is developed.
Strategy lists	Determine if the health needs are of "high or low importance" by placing an emphasis on problems whose solutions have maximum impact, with the possibility of limited resources.
Nominal group technique	Rate health problems from 1 to 10 through group discussion.
Hanlon method	List those health needs viewed as priorities based on baseline data, numeric values and feasibility factors.
Prioritization matrix	Weigh and rank multiple criteria for prioritization with numeric values to determine health needs with high importance.

2. NACCHO's Community Health Assessment Tool [b]

An organization can inform its internal health equity strategy through community health needs assessments, internal visioning exercises, and ecosystem mapping tools to understand what other organizations or leaders may influence health outcomes.
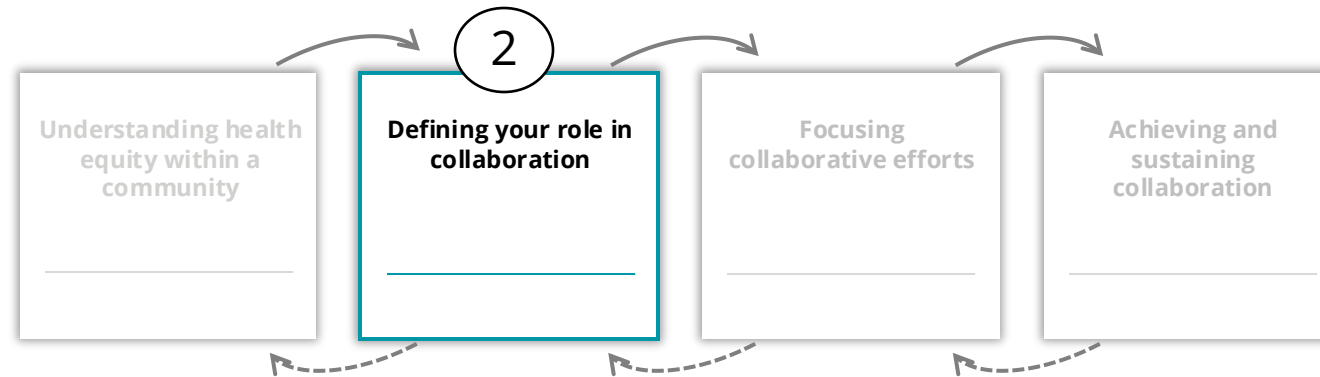
Sources: 1. AHA/ACHI Community Health Assessment Toolkit 2. NACCHO MAPP Tools Repository (login required, free to access) b. NACCHO Community Health Assessment (login required, free to access)

CHAPTER 2:
<u>Defining</u> Your Role in Collaboration

? What role will you play in collaboration? Where will you focus your collaborative efforts?

? Given the current state of health in the community and the root causes of health inequities today, where do you want to concentrate?

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.

```
Understanding health          2   Defining your role in        Focusing                 Achieving and
equity within a                   collaboration               collaborative efforts    sustaining
community                                                                               collaboration
```

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 expertise**.

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	Service Provision	Advocating	Advising	Funding	Learning	Amplifying	Convening
Identify, engage, and mobilize key community actors and orgs. at the grassroots level.	Provide clinical and/or social service support based on community member needs.	Advance reform of policy and laws through strategic use of health education, lobbying, and other tactics to drive momentum on social change.	Support capacity sharing[2] to promote co-learning and cross-learning.	Provide financing of community health work through grants, sub-contracting, philanthropy, and other self-funding mechanisms.	Support dissemina-tion of knowledge, and collection and analysis of data and community stories to document and elevate progress across geographies.	Publicize and promote community voices and stories to broader communities to garner support.	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

Challenges in collaborating will differ depending which role the actor or organization chooses to play
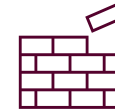
CHALLENGES

Role	Call to Action	Power Redistribution	Resources	Narratives & Objectives	Capacity	Data & Metrics	Trust
Funding	Ex: Prioritizing issue areas and selecting related organizations to fund						Ex: Allowing grantees more flexibility in planning and using funds to solve issues they identify
Advising		Ex: Assuming the posture of knowing more or having elevated insight than the community at hand					
Convening		Ex: Ensuring a diverse set of groups are at the table and understand dynamics at play and the power they wield				Ex: Establishing data governance leading practices between community organization	Ex: Navigating competing priorities between actors as well as historical and current injustices
Community Organizing			Ex: Competition amongst peer organization and lack of technical capacity for grant writing		Ex: Assuming limited resourcing, making the time to cultivate partnerships may be difficult		
Service Provision				Ex: Not all community peers and partners have the same sense of truth and aims		Ex: Ensuring metrics and data platforms are compatible with peer organizations to yield community-wide insights	

Illustrative Examples (Ex.), Non-Exhaustive

These varied challenges often make cross-community collaboration increasingly difficult

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

COMMUNITY ORGANIZING

*In North Carolina, **local Community Health Workers (CHWs) mobilized** to advocate for culturally relevant vaccine access and education in the community.*

ADVOCATING

*PIH-US partnered with CHWs and Promotoras to **advocate for the importance of consistent funding** post-COVID-19 emergency response.*

SERVICE PROVISION

*PIH-US supported the Pima County Health Department **to rapidly hire and train** 150 case and field investigators and contact tracers.*

AMPLIFYING

*PIH-US **publishes case studies** of collaborative work in local communities to **highlight success stories** and best practices.*

A Specific Community with Distinct Health Equity Needs

LEARNING

*PIH-US supported Community-Based Organizations (CBOs) to **collect, analyze, and publish data** for a large emergency response HRSA grant.*

CONVENING

*PIH-US **convened the Chicago Vaccine Partnership**, a coalition of more than 160 organizations to increase vaccine access and equity.*

FUNDING

*In Immokalee, Florida, PIH-US established a **social support fund** to provide critical cash transfers to migrant workers.*

TECHNICAL ADVISING

*In Immokalee, Florida, PIH-US created and delivered **Promotora training** in collaboration with a local FQHC and social justice organizations.*

Partners In Health
UNITED STATES

Community Organizing

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

Examples of entities that often play these roles:

CBOs, Faith Based Orgs.	CHWs, CHRs, Promotoras
AI/AN Community Leaders	Unions and Community Members

FOUNDATIONAL CHARACTERISTICS

Grassroots   *Trusted*   *Courageous*

KEY RESPONSIBILITIES IN ADVANCING HEALTH EQUITY

- Deeply understand community needs

- Function as 'Community Historian' – be able to unpack community's history and its relation to current disparities

- Acknowledge the previous voices and organizing initiatives within a community rather than starting from scratch

- Help marginalized community members realize and enact their power in a coordinated way to voice and prioritize their needs

- Identify key community actors and organizations to engage in coalition work to advance equity (know the landscape)

- Understand the positioning of key influencers to identify champions, neutral actors, and potential opponents

- Mobilize key actors in coalition to work towards goals

- Engage in advocacy work at the local level to drive systemic change

- Acknowledge potential community member frustration of being performatively 'elevated' without a clear action plan

TOOLS / TACTICS TO CONSIDER

- Partner with local contacts to identify who is *not* currently engaged that needs to be

- Create forums for open discussion

- Identify potential partners using ecosystem mapping

- Understand authority and influence of partners through power mapping

- Use accountability mechanisms to support actioning on identified issues together

- Create conditions for people to elevate their own lived experience to influence policy makers

- Align on language to voice community and organizational needs to funders

WAYS TO INFORM SHARED MONITORING AND EVALUATION

Advocate to funders for the selection of appropriate metrics informed by community context

Feel empowered to engage in all stages of the evaluation process from data collection to analysis and dissemination

Service Provision

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

Examples of entities that often play these roles :

Private Health Systems	FQHCs & FQHC "Look Alikes"
Community Health Service Vans	Social Service Providers
CHWs and Promotoras	
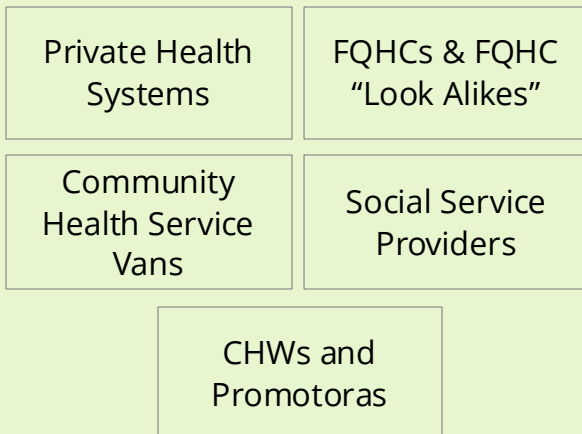
FOUNDATIONAL CHARACTERISTICS

Knowledgeable   *Supportive*   *Empathetic*

KEY RESPONSIBILITIES IN ADVANCING HEALTH EQUITY

- Improve access to care for all, and especially for marginalized populations

- Deliver services that are tailored to community needs

- Connect community members with resources necessary for holistic support and wellbeing

- Work to influence the drivers of health (SDOH) factors that influence patient outcomes (e.g., clinical-social integration outside of 'traditional' care delivery systems)

- Listen to and elevate voices of community members and organizers to understand community needs

- Use specialties to highlight shortcomings of system and identify potential solutions

- Partner with organizations to integrate social services in healthcare

TOOLS / TACTICS TO CONSIDER

- Provide adequate and consistent funding *(e.g., lack of financial sustainability can break trust with CHWs / Promotoras)*

- Provide care and benefits to avoid and address burnout

- Hire staff that reflect the diversity of the community

- Provide training to promote equity and justice

- Learn from and engage CHWs / Promotoras / CHRs to prioritize cultural humility in care delivery

WAYS TO INFORM SHARED MONITORING AND EVALUATION

Advocate for analysis of root causes of health outcomes to identify systemic challenges to equity *(e.g., housing policy metric and not only disease state prevalence metric)*

Gather feedback from community organizers on measures that are most appropriate for the community context and adapt M&E practices accordingly

Promote transparency by sharing appropriate trends and health outcomes analysis with coalitions

Advocating

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

Examples of entities that often play these roles:

Local or National Organizers	Non-Profits
Associations & Constituencies	Policymakers

FOUNDATIONAL CHARACTERISTICS

Strategic   *Influential*   *Forward-looking*

KEY RESPONSIBILITIES IN ADVANCING HEALTH EQUITY

- Use platform and expertise to influence policy changes that meaningfully advance health equity and social justice - customized methods of advocacy depending on audience

- Engage people with lived experience in the design and adaptation of policies and programming

- Compensate community members engaging in policy design in an equitable manner

- Recognize and examine disparities in power amongst groups engaged in advocacy

- Avoid exploiting or tokenizing lived experience

- Define and cultivate avenues to bring community members to the table (i.e., in congressional briefings)

- Educate individuals (when needed / appropriate) on policy innerworkings (i.e., timing, cycles and implementation)

- Consider positive and negative implications of policy change

TOOLS / TACTICS TO CONSIDER

- Build partnerships to understand local community needs and policies affects

- Map power to identify where power sharing needs to occur

- Engage people with lived experience to improve Federal and local research, policy and practice

- Ensure thoughtful, intentional and inclusive advocacy

- Allocate resources for compensation of time

- Create touchpoints for accountability check-ins

WAYS TO INFORM SHARED MONITORING AND EVALUATION

Create policies through evidence-based decision making that includes both qualitative and quantitative data to reflect lived experience

Advocate for the inclusion of workforce related metrics in making policies *(e.g., CHW satisfaction along with patient outcome data)*

Advising

Support capacity sharing across organizations to promote cross-learning

Examples of entities that often play these roles:

Non-Profits	Health Departments
Philanthropies	Consultants

FOUNDATIONAL CHARACTERISTICS

Experienced   *Responsive*   *Adaptable*

KEY RESPONSIBILITIES IN ADVANCING HEALTH EQUITY

- Provide physical resources and operating support (e.g., training, laptops, meeting materials, etc.)
- Elevate and share knowledge and expertise that sits within communities
- Support training that enhances community capabilities (e.g., grant writing researching, advocacy etc.) and acknowledges underlying history and current pressing issues
- Use effective learning strategies to deliver content that resonates with the community, e.g. through arts and culture
- Maintain open, transparent communication with partners and provide ongoing training and supervision support
- Mobilize advocacy through sharing of lived experience to support systemic change
- Help to identify sources of inequities or progress blockers

TOOLS / TACTICS TO CONSIDER

- Partner with other organizations to access resources and space
- Promote humility in learning; ask community leaders for insights
- Host feedback mechanisms to adapt content as needed
- Consider adopting Guiding Principles for Effective Technical Assistance
- Connect regularly with partners for co-learning
- Compensate community members and community-led initiatives to support economic development

WAYS TO INFORM SHARED MONITORING AND EVALUATION

Share leading practices and guidelines across organizations on how to develop measures based on an organization's needs

Advocate for reducing the workload to fulfill M&E requirements by funders / government programs

Capture measures that indicate if training or programming is achieving community goals *(e.g., moving beyond # of trainings provided to equity factors)*

Funding

Provide financing through grants, sub-contracting, philanthropy, self-funding, and other mechanisms

Well-Connected   *Well-Resourced*   *Versatile Interests*

KEY RESPONSIBILITIES IN ADVANCING HEALTH EQUITY

- Broaden funding eligibility to address historical and current inequities in funding allocation

- Identify possible funding recipients to maximize impact at local level, weighing collaboration as a grant decision factor

- Elevate organizations with expertise and lived experience, acknowledging power asymmetries

- Maintain transparency in funding decisions and communicate funding organizations' timeline commitments

- Foster diversity and inclusion within funding organization

- Leverage influence and reach to advocate for and to fund systemic change work (including collaboration efforts)

- Support community to set priorities

TOOLS / TACTICS TO CONSIDER

- Reduce restrictiveness of funding and reporting, while maintaining impact-driven reporting guidelines

- Create flexible and multi-year funding mechanisms

- Utilize power mapping to recognize bias

- Build situational awareness through deep listening and create forums for feedback

- Partner with regional orgs. to understand local ecosystems

- Recruit and promote staff that reflect communities funded

Examples of organizations that often play these roles:

Private or Corporate Philanthropies	Private Sector *(e.g., health systems, private insurers)*
Government Agencies *(e.g., CMS, HRSA)*	Non-Governmental-Organizations

WAYS TO INFORM SHARED MONITORING AND EVALUATION

Increase flexibility of funding and M&E requirements by supporting orgs. to assert what they believe to be meaningful to share

Co-design sustainable and relevant M&E measures with representatives from the community

Support general, operating, and administration costs to support infrastructure needed for M&E

Learning

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

Examples of entities that often do these functions:

Academic Institutions	Non-Profits
Government Agencies, Health Departments	Research Focused CBOs

FOUNDATIONAL CHARACTERISTICS

Analytical   *Open-minded*   *Methodological*

KEY RESPONSIBILITIES IN ADVANCING HEALTH EQUITY

- Promote community-led engagement throughout research process including identification of priority areas, collection, and interpretation of data

- Support inclusivity in researchers and methods used by training and elevate community researchers

- Promote transparency in community-collected data to build trust; acknowledge power held by 'traditional' research institutions and elevate community expertise in the research process

- Use research to identify root causes of inequities and effective solutions in addition to measuring health outcomes

- Share resources and results of research across geographies to empower communities; promote co-learning

TOOLS / TACTICS TO CONSIDER

- Adopt Community Based Participatory Research (CBPR) principles

- Consider Community Health Assessment(s) *(while understanding critiques)*

- Elevate lived experience in research

- Collaborate with community members to identify systemic causes of inequities

- Give credit or co-authorship to all orgs. and leaders involved

WAYS TO INFORM SHARED MONITORING AND EVALUATION

Partner with community representatives to identify relevant measures together

Gather and analyze data and maintain publicly-available databases

Elevate use of data and metrics in funding applications and reporting

Advocate for the measurement of workforce experience in addition to social and health economics

Amplifying

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

Examples of entities that often play these roles:

Media	Academic Institutions
Health Departments	Community Leaders *(e.g., Religious, Barber Shops, Soccer Coaches)*
Community Orgs. / Centers	

FOUNDATIONAL CHARACTERISTICS

Influential   *Persuasive*   *Magnifying*

KEY RESPONSIBILITIES IN ADVANCING HEALTH EQUITY

- Use media to publicize local success stories, ongoing events, or challenges to elevate the work of coalitions and increase awareness of community health and social justice

- Craft narratives and communications strategically to be crisp, accessible, actionable, and available to the public while remaining authentic to community voices

- Promote transparency and accountability in communication within partnerships to build trust

- Create safe spaces for communities to share in the ways they prefer (without relying on traditional institutional powers); empower communities to amplify their own stories

- Recognize the power of individual leaders who determine which health equity stories are elevated and abide by the duty to do no harm

TOOLS / TACTICS TO CONSIDER

- Give credit to community voices when elevating their stories

- Consider WHO's "Infodemic" Management Tools for tips on social listening and info. sharing

- Be intentional about creating culturally accessible narratives

- Identify strategic opportunities to amplify messaging (e.g., Berkeley Media Studies Group Guide)

- Find shared language for short-term change while shifting to community vocabularies over time

WAYS TO INFORM SHARED MONITORING AND EVALUATION

Support dissemination of findings to amplify reach of success stories, current issues, and work in progress to general public in accessible language

Consistently evaluate which data sources are used and whose stores are shared through qualitative and quantitative evaluation

Convening

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

Examples of entities that often play these roles:

Professional Associations	Non-Profits
Groups of CBOs	Local, State, Federal Government

Local Gathering Hubs *(e.g., churches, bodegas, bars, cafes)*

FOUNDATIONAL CHARACTERISTICS

Inclusive　　　　*Trustworthy*　　　　*Accommodating*

KEY RESPONSIBILITIES IN ADVANCING HEALTH EQUITY

- Bring community members, community leaders, and diverse community organizations together

- Recruit actors from marginalized communities to ensure group is representative of the entire community

- Facilitate discussions to promote alignment or discuss tensions across local and national groups

- Navigate power dynamics among groups to support the creation of a community-driven agenda

- Invest in long-term trust-building among partners to support coalition building

- Create alignment on vision and goals for coalition amongst multiple perspectives

TOOLS / TACTICS TO CONSIDER

- Bring community members in first, and then identify potential partners using ecosystem mapping

- Connect on shared values through forums for ongoing discussion and feedback

- Promote accountability among coalitions and provide funding for coalitions

- Align on a collective future aspiration and set group goals

- Utilize power mapping to craft governing structures that cede power

WAYS TO INFORM SHARED MONITORING AND EVALUATION

Create forums for coalition members to align on shared metrics and share back to the community

Elevate community voices and power to ensure metrics are community driven

Measure progress of convening itself and promote accountability through M&E

Chapter 2 Case Study:

Defining Your Role

Immokalee Care Resource Coordination

Guiding Questions:

What role(s) will you play in collaboration?

Resulting Strategy:

Developed culturally competent care strategies to support and facilitate:

- Equitable testing & vaccine access
- Individuals' ability to quarantine

CONTEXT

- In Immokalee, Florida, the state's COVID-19 response did not adequately meet the needs of the **Latinx migrant farmworker and Haitian communities** through gaps in testing, contact tracing, resources for safe isolation, vaccine access, and case investigation. Local community-based organizations and service providers partnered to take on the roles of (1) identifying community health inequities and (2) defining a collaborative COVID-19 response strategy that accounted for said inequities.

APPROACH

- As a coalition, a Federally-Qualified Health Center (FQHC), a local religious social effort, sympathetic health department employees, and PIH-US **identified the lack of culturally competent care as a core barrier to equitable health outcomes** and joined together to comprehensively meet the needs of Immokalee's most vulnerable communities.

- The program relied on locally recruited and trained Promotoras to identify and coordinate resource needs as well as accompany individuals throughout the process.
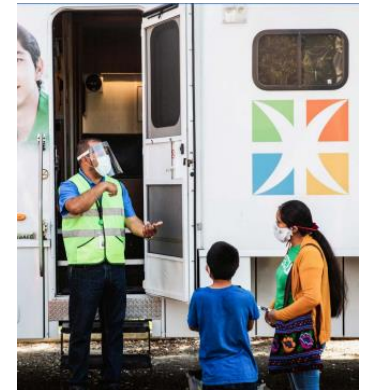
IMPACT

Recruited, trained, and mentored 31 Promotoras and Community Health Workers.

Distributed over $850,000 in cash assistance to 800 households.

Facilitated the "Mobilizadora" incentive program, which provides a $125 Visa gift card to those who brought 3 unvaccinated people to vaccine events.

Chapter 2 Recap: Defining the role(s) needed for a specific health equity project or coalition can help organizations prioritize action

CONSIDERATIONS TO DEFINE YOUR ROLE IN COLLABORATION

1 | Identify focus areas to prioritize based on community needs and organizational expertise.

2 | Explore which roles are most important to addressing the identified health equity focus areas.

3 | Prioritize which role(s) is necessary to play internally to achieve goals within focus area.

4 | Brainstorm how action can be taken with other actors in collaborations that maximize strengths.

HELPFUL TOOLS

1. Visible Network Labs Ecosystem Mapping PARTNER Tool [a,b,c]

2. Common's Library Power Mapping Tool [d]

3. DMAS Virginia's Accountability Mechanisms Excel Tracker (Attachment B) [e]

4. Action Against Hunger's Guide to Develop Feedback Mechanisms [f]

5. Trohanis TA Project's Guiding Principles for Technical Advising [g]

6. ASPE's Methods and Emerging Strategies to Engage People with Lived Experience into Advocacy [h,i]

7. Berkeley Media Studies Group's Overcoming Communication Challenges [j,k,l]

8. Collective Impact Forum's Working Group Guide to Align on Metrics [m]

With a clear vision and an understanding of roles to play internally and through partnerships, an organization is ready to begin creating an actionable plan.

Sources: a. VisibleNetworkLabs; b.Xtensio, c.Board of Innovation d. Commons Library; e. State Health and Value Strategies; f. Action Against Hunger; g. Trohanis TA Projects; h. Office of the Assistant Secretary for Planning and Evaluation; i. ChangeLab Solutions , j. Berkeley Media Studies Group Resources; k. BMSG Overcoming Common Communication Challenges l.WHO m. BMSG's Video on Communication n.Collective Impact Forum

CHAPTER 3:
<u>Focusing</u> Collaborative Efforts

? How will you mobilize to succeed in taking collaborative action with partners?

? What roles do you want to concentrate on internally, and what roles do you want to partner with others for?

? Who should you partner with in the community to realize your goals?

Chapter 3: Focusing collaborative efforts

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

| Understanding health equity within a community | Defining Your role in collaboration | 3 Focusing collaborative efforts | Achieving and sustaining collaboration |
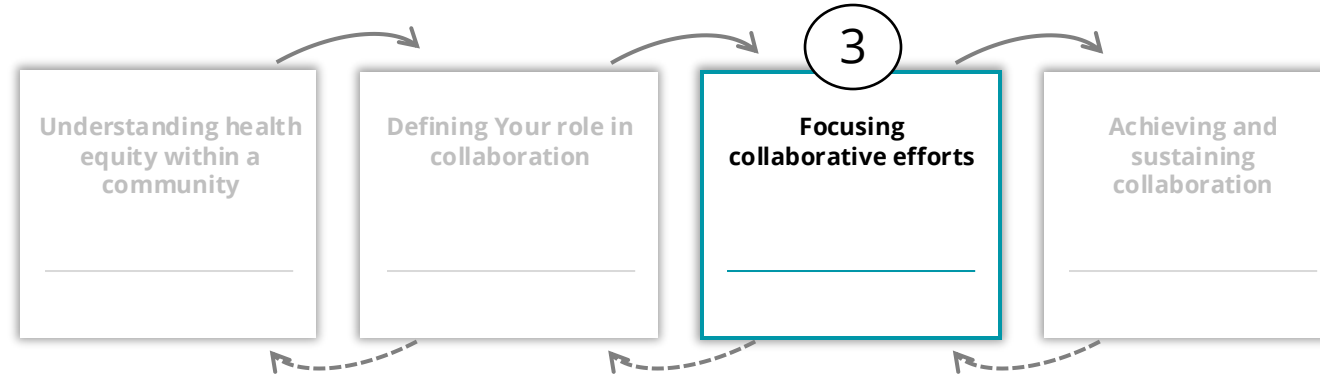
Section Overview

- 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

Partners can refine their vision for work together by understanding what functions are needed and tradeoffs they make in prioritizing time and effort

GUIDING QUESTIONS

? **Assessing 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?

? **Aligning on focus**
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
See page 22

(2) Role to play internally and additional functions needed to carry out vision
See page 43

(3) Strategic tradeoffs that should be made
See page 44-45

(4) Prioritizing partnership efforts with strategic trade-offs in mind
See page 46-47

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 expertise?							
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.).

Legend: ✔ Role required

Sample Exercise: **Thinking about the different tradeoffs you face when collaborating can help to inform your strategy and where you 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 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 <u>your role</u> 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.

	Pole "A"	Pole "Z"	Rationale
Focused vs. General	**Narrow focus on a specific community health topic(s)**	**Broad equity focus for community writ-large**	
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**	
Local vs. Regional Systems Change	**Deep focus on hyper-local work and partnerships**	**Large-scale or multi-region systems change**	
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Partnership Ideology	**Prioritizing partners with similar ideologies & perspectives**	**Working 'across the aisle' or those with different priorities**	
Time Allocation & Bandwidth	**Time spent cultivating partnerships**	**Time spent delivering on internal mission**	

🔵 **Where you are today**   🟢 **Where you want to be**

Sample Exercise: **Prioritize potential partners within your Local Health Ecosystem**

How to Use: After defining your role within a collaboration and considering both the additional roles you are seeking collaborators to play and the tradeoffs you may face when collaborating, it is important to prioritize how you will focus limited time and resources for partnership building. Bring back the ecosystem map you created in Chapter 1 and use this worksheet as a tool to prioritize which relationships you will focus on in the short, medium, and long term. .

EXAMPLES of Key Actors Needed for Collaborative Infrastructure – to be updated based on your context*

Illustrative Prioritization

Community Members

Community Organizers

Trusted Institutions

	Universities	Financial Institutions	Large Employers	Life Science Orgaizations[1]	Health Insurers	Hospitals, FQHCs, CHCs[2]	
Coalitions							**Primary Care**
Philanthropy	**Non-Profit Sector**	**Other Relevant Private Sectors**					**Health Care Industry**
		Your community population and the health and social structures at play					**Health Workforce**
Community and Faith Based Orgs		**Public Sector Departments**					**Unions & Associations**
	Justice	Transportation	Education	Housing	Health		

Federal, state, and local designations

Community Influencers
(sports coaches, pastors, etc.)

Elected Officials

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.
1. 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; 2. FQHC: Federally Qualified Health Centers, CHC: Community Health Centers

Sample Exercise: **Prioritize potential partners within your Local Health Ecosystem**

How to Use: After defining your role within a collaboration and considering both the additional roles you are seeking collaborators to play and the tradeoffs you may face when collaborating, it is important to prioritize how you will focus limited time and resources for partnership building. Bring back the ecosystem map you created in Chapter 1 and use this worksheet as a tool to prioritize which relationships you will focus on in the short, medium, and long term. .

EXAMPLES of Key Actors Needed for Collaborative Infrastructure – to be updated based on your context*

Visual Map View:

Your community population and the health and social structures at play

Health Ecosystem Categories	Name of Organization / Leader to Prioritize
Health Care Industry	
Other Relevant Private Sector	
Non-Profit Sector	
Public Sector Departments	
Community Organizers	
Trusted Institutions	
<Insert more categories here>	

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.

Chapter 3 Case Study:

Focusing Efforts

✴ *Chicagoland Vaccine Partnership*

Guiding Questions:

Where will you focus your collaborative efforts?

Resulting Strategy:

- Set up forum to provide visibility into health ecosystem
- Developed plan of action with clear objectives to organize collective power of a variety of actors

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 3 Recap: Clarifying which activities an organization can fulfill itself vs. where support is needed can help prioritize partners key to carrying out the health equity vision

CONSIDERATIONS TO FOCUS COLLABORATIVE EFFORTS

1 | Ensure mission and goals are defined independently, then assess available internal functions.

2 | Identify functions that can be actioned on in-house.

3 | Identify functions that require collaborative partnerships.

4 | Anticipate necessary tradeoffs at each stage and make strategic decisions.

HELPFUL TOOLS

1. Visible Network Labs Ecosystem Mapping PARTNER Tool[a]

2. University of Kansas Community Tool Box chapter: Identifying and Analyzing Stakeholders and Their Interests[b]

Source: a. VisibleNetworkLabs; b. University of Kansas

CHAPTER 4:
<u>Achieving and Sustaining</u> Collaboration Capacity

? **What capabilities are needed to achieve *and* sustain collaborative infrastructure?**

? **How will you manage, govern, and evaluate the variety of activities taken to achieve your vision?**

? **What tools, resources, or relationships are important to sustain your collaborations?**

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.

| Understanding health equity within a community | Defining your role in collaboration | Focusing collaborative efforts | ④ Achieving and sustaining collaboration |
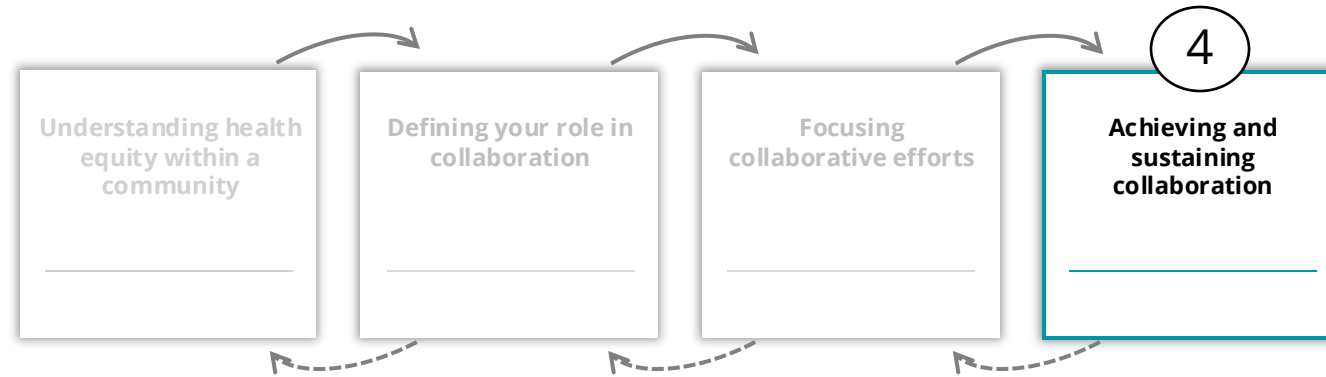
Section Overview

- 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

The maturity of a collaboration grows along a continuum of phases from emerging to transforming

Collaborative infrastructure can range in maturity based on the ways partners work together and the cross-community connections involved in a collaboration.

It is important to understand where a collaborative may fall on this continuum because tactics to effectively partner will vary depending on stage or length of time a collaboration has existed. Coalitions will likely differ in where they fall on this spectrum.

EMERGING   **TRANSFORMING**

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

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

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

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

Legend:
Characteristics of coalitions in this stage | Infrastructure needed for success

Chapter 4 Case Study:

Sustaining Collaboration

**Pima County Health Department (PCHD):
Community Engagement Plan for Healthy
Pima Indicators Initiative**

Guiding Questions:

What capabilities do you need to achieve and sustain collaborative infrastructure?

Resulting Strategy:

- Establish clear systems for engagement and collaborative creativity
- Hold actors accountable to the community
- Enable processes of renegotiation

CONTEXT

- The Healthy Pima Indicators initiative, a strategic effort of Healthy Pima, was designed to generate a shared understanding of where health improvement most needs to occur and set shared targets. This initiative also aims to produce **a sense of shared ownership within the community for health outcomes,** driven by interdisciplinary conversations to identify where collaboration is and should be occurring within the greater community.

- PCHD saw the need to **establish systems for continuous engagement with a focus on equity, driven by bidirectional dialogue** between PCHD and the community about both causes and solutions related to population health improvement.

APPROACH

Through the creation of a community engagement plan, PCHD:

- **Established a series of community engagement goals** to improve transparency, solicit diverse perspectives, highlight efforts happening in key improvement areas, and generate creative solutions.

- Outlined clear **community engagement activities**, connecting each to a timeframe, key stakeholder groups, and specific goals.

- **Identified potential representatives** for community engagement by health area, **prioritizing traditionally underrepresented entities**.

PROJECTED IMPACT

Increased transparency, data-sharing, and data literacy across organizations through the development of a public-facing dashboard

Better communication between county and city offices and community-based orgs, improving coordination

More opportunities for community collaboration on health improvement initiatives

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 expertise.

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 expertise, 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

Additional tools to enable collaboration are included in the appendices.

*See glossary of terms in the Appendix for definitions.

Sources: Berkeley Media Studies Group, Collective Impact Forum, ChangeLabSolutions, Community Development, Danish Red Cross, Health Equity Solutions, Johns Hopkins Center for Security, Movement Strategy Center, National Academies Press, Platform C, Presidential COVID-19 Health Equity Taskforce, Stanford Center on Philanthropy and Civil Society, Stanford Social Innovation Review, NACCHO (login require, free to access), , RWJF, STRIVE

Chapter 4 Recap: **Using operational tools can help organizations navigate common challenges faced when collaborating**

CONSIDERATIONS TO ADVANCE AND SUSTAIN COLLABORATION CAPACITY

1 | Anticipate potential challenges around each collaborative infrastructure pillar.

2 | Implement leading practices when fostering collaboration.

3 | Leverage existing resources to develop unique set of tools to address potential challenges.

4 | Develop plan for governing and managing processes moving forward.

HELPFUL TOOLS

1. Action Against Hunger's Guide to Develop Feedback Mechanisms

2. Platform C's Assessing Where You Are in Stage of Collaboration

Sources: a. Action Against Hunger; b. Platform C c. Stanford Social Innovation Review, d. NACCHO (login required, free to access), e. The Intersector Project, f. European Commission, g. STRIVE

Conclusion

In Summary: **A Roadmap to Building Collaborative Infrastructure**

This framework provides a set of guiding questions, considerations, and tangible steps an individual leader or organization can use to understand how collaborating with others in the local community health ecosystem can come together to advance and accelerate progress to health equity. The steps you take to build and sustain collaborative infrastructure will vary based on how you answer each question below.

	Understanding	Defining	Focusing	Advancing
Guiding Questions	**1** **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?**	**2** **What role will you play in collaboration?**	**3** **Where will you focus your collaborative efforts?**	**4** **What capabilities do you need to achieve and sustain collaborative infrastructure?**
Guiding Steps	Assess and **understand the needs of your community** and the ecosystem of players.	Use **roles** to understand the key **functions needed** to advance community health collaboratively.	Consider **tradeoffs** and **strategic choices** within each collaboration.	Understand how **capabilities and needs** change across **stages** of collaborative infrastructure.
	Develop **future state vision** based on assuring equity for all community members.	**Prioritize** which **role(s) you will play** in a collaboration.	**Prioritize** where to build relationships with **other roles**.	Use collaborative **toolkits** to **understand and implement** collaboration leading practices.

The work does not stop here: **Collaborative Infrastructure is one of many pieces needed to advance health equity**

While this framework suggests collaborative infrastructure is a solution that can meaningfully advance and sustain health equity, it is important to note that collaborative infrastructure is just one of many necessary tactics to ensure health is a human right in the U.S.

Beyond Collaborative Infrastructure

Actors across community health should persist, working in tandem to amplify community needs and advance justice for health and wellbeing.

There is a **long road ahead** in the journey of creating more equitable community health outcomes...

...supporting **cross-community collaboration** is an important step in amplifying community member voices, as it requires actors across sectors to work together towards shared goals...

...**sustained** equitable health outcomes ultimately require a **major shift in current cultural narratives** surrounding the need **to create justice** for communities that continue bear the brunt of structural oppression.

Appendix: A Navigation Guide

Included in the appendices to this framework is a curated selection of additional resources to help guide the process of building collaborative infrastructure.

Appendix A: Glossary of Key Terms

- Definitions of key words used in this framework

Appendix B: Tools for Collaborative Infrastructure

- A compilation of free tools to guide health equity organizations through various steps of building collaborative infrastructure

Appendix C: Community Participation & Interviews for Insights

- A list of sources whom Deloitte and PIH-US team engaged in Spring 2023 for perspectives that informed the creation of this framework.

Appendix D: External Sources

- A bibliography of sources referenced in the process of creating this framework

Appendix A: Glossary of Key Terms

Glossary of Key Terms (1 of 3)

While this framework references the following key terms, it is important to acknowledge that each organization and community may use different, nuanced language.

Term	Working Definition
Health Equity	The fair and just opportunity for *everyone* to fulfill their human potential in *all* aspects of health and wellbeing, which is impacted not only by clinical care, but also by the non-medical Drivers of Health[1]
Collaborative Infrastructure	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, specialization, and access to address to uproot underlying causes of health inequities and immediate needs of community members[2]
Collaboration	An approach that commits 2 or more persons or organizations to achieving a common goal through the enhancement of the ability of one or more of them to promote and protect health[3]
Community	A group of people sharing a common characteristic such as geographic location, affinities, religion, language spoken, race, ethnicity, gender[3]
Pillar	A core element that supports collaboration and upholds the infrastructure to collaborate
Role	A profile of a typical function or task a community health organization serves as; one organization may embody one or more
Community Health	An integrated approach, which includes non-clinical elements, for improving health, preventing disease, and reducing health disparities through addressing social, behavioral, environmental, economic, and medical determinants of health in a geographically defined population[3]
Community Ecosystem	A network of interrelated parties that act in relationship to one another; interdependencies as well as imbalances exist between these parties
Collaborative/Coalition	A group of parties/entities allied in the pursuit of a shared vision or goal; knowledge and resources are often shared between members of such a group
Luminary	An influential person; a well-known leader in their area
Capacity Sharing	The process of co-learning to develop skills, instincts, abilities, processes and resources by sharing of specialties. This involves a joint effort amongst partners to create new knowledge, resources and skills from their combined experiences[4].

Sources: 1. Deloitte Health Equity Institute; 2. Deloitte Consulting and PIH-US 3. Nurse Key 4. American Hospital Association 4. Michigan School of Public Health

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Glossary of Key Terms (2 of 3)

While this framework references the following key terms, it is important to acknowledge that each organization and community may use different, nuanced language.

Term	Working Definition
Health Disparities	Statistical differences in health that occur between groups of people[1]. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographical location; or other characteristics historically linked to discrimination or exclusion[2]
Health Inequities	Differences in health that exist when avoidable inequalities lead to an uneven distribution of the resources and opportunities for health and are differences in health that are avoidable, unfair, or stemming from injustice[1]
Cultural Humility	A practice that involves maintaining a willingness to suspend what you know or what you think you know about a person based on generalizations about their culture. What you learn from their culture stems from being open to what they themselves have determines is their personal expression of culture and heritage[3]
Culturally Competent Care	The ability of providers and organizations to understand and integrate factors such as race, ethnicity, language, gender, socioeconomic status, physical and mental ability, sexual orientation, and occupation into the delivery and structure of the health care system[2]
Diversity	The condition of having or being composed of differing elements, especially, the inclusion of different types of people (as people of different races or cultures) in a group or organization[2]
Environmental Justice	Environmental justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies[2]
Drivers of Health	The non-medical drivers of heath are the environmental, social, and economic factors that directly influence people's health outcomes, also commonly referred to as social determinants of health (SDOH)[4]
Structural Racism	The totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources[5]
Structural Oppression	Systemic devaluing, undermining, marginalizing, and disadvantages of certain populations in contrast to the privileged norm. It is woven throughout social institutions as well as embedded within individual consciousness[1]

Sources: 1. Vermont Department of Health 2 ASTHO 3. The Social Work Practitioner 4. Deloitte Health Equity institute 5. American Medical Association

While this framework references the following key terms, it is important to acknowledge that each organization and community may use different, nuanced language.

Term	Working Definition
Community Health Worker (CHW)	Frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served[1]
Promotora	Community members who act as natural helpers and liaisons to meaningful information and resources for their neighbors and neighborhoods[2]
Community Health Representative (CHR)	Frontline public health workers who are trusted members of the community with a close understanding of the community, language, and traditions[3]
Peer Provider	A person who uses his/her/their lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency[4]

Sources: 1. National Association of Community Health Workers 2. Vision y Compromiso 3. Indian Health Service 4. ACMHA: The College for Behavioral Health Leadership and Optum

Appendix B: Tools for Collaborative Infrastructure

Appendix B Overview: Free & Helpful Toolkits
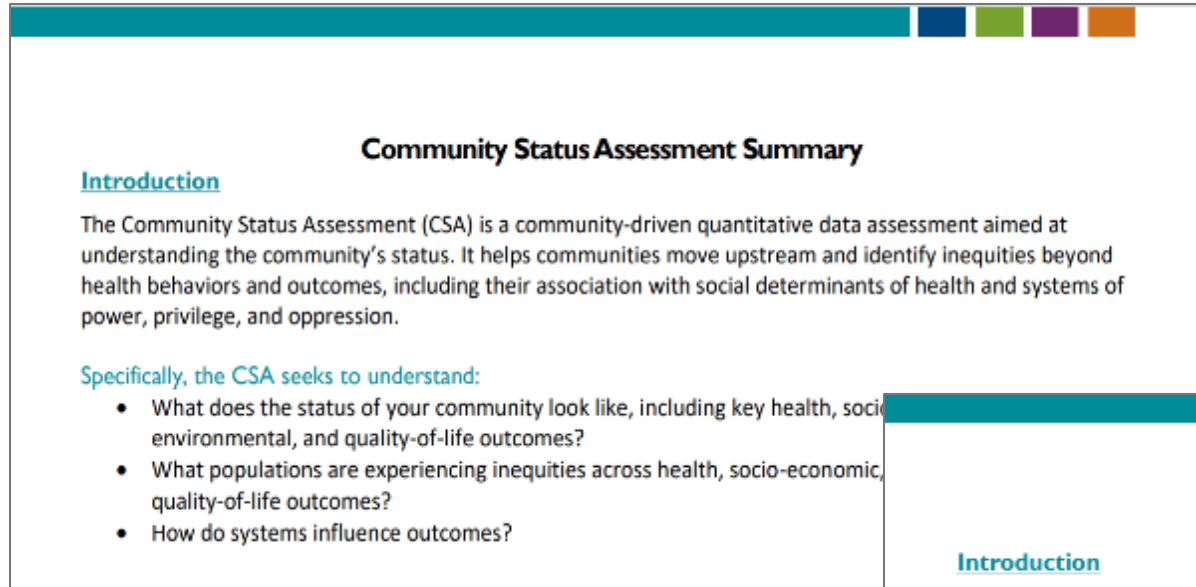
The Appendix includes a variety of interactive, publicly available tools that can help an organization take steps to build or sustain collaborative infrastructure.
Please note: This list is provided for preliminary discussion and does NOT imply endorsement nor thorough due diligence.

01 Understand Your Community[1]

02 Design Your Vision[1]

03 Prioritizing Community Health Issues[1]

Ecosystem Mapping[1,3]

04 Accountability Mechanism[2]

05 Power Mapping[2,4]

06 Feedback Mechanism[2,4]

07 Assessing Degree of Community Engagement[2]

08 Designing Effective Narratives[2]

09

10 Designing Culturally Accessible Narratives[2]

11 Guiding Principles for Technical Assistance[2]

12 Engaging Partners with Lived Experience in Advocacy[2]

Supporting Trust-Based Philanthropy[2,4]

13 Aligning on Monitoring & Evaluation[2]

14 Identifying and Classifying Key Community Actors and Organizations[3]

15 Governance and Accountability in Partnerships [4]

16 Assessing Where You Are in Stage of Collaboration[4]

17

Note: Superscripts refer to the **chapters** within this document for which the Tool is relevant.

Tool: Understanding Community's Current Health Status

NACCHO's (The National Association of County and City Health Officials) Mobilizing for Action through Planning and Partnerships (MAPP) framework provides guidelines on conducting community assessments to better understand the context and health status of the communities in which organizations operate.

Community Status Assessment Summary

Introduction

The Community Status Assessment (CSA) is a community-driven quantitative data assessment aimed at understanding the community's status. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression.

Specifically, the CSA seeks to understand:
- What does the status of your community look like, including key health, soci[...] environmental, and quality-of-life outcomes?
- What populations are experiencing inequities across health, socio-economic, [...] quality-of-life outcomes?
- How do systems influence outcomes?
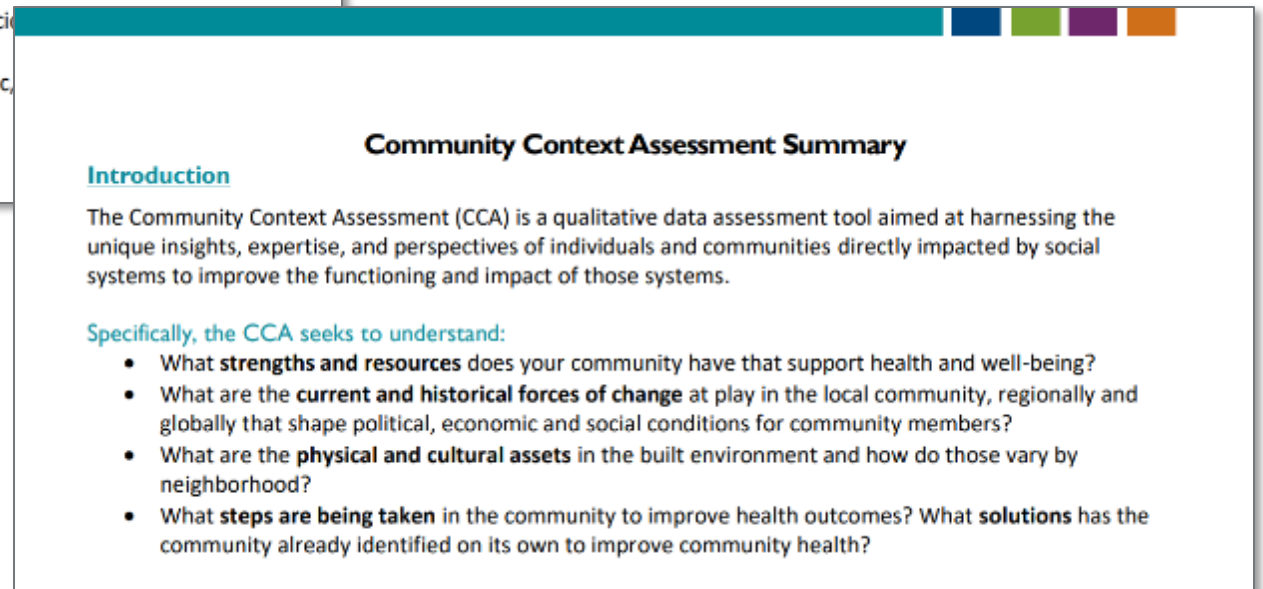
Community Context Assessment Summary

Introduction

The Community Context Assessment (CCA) is a qualitative data assessment tool aimed at harnessing the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems.

Specifically, the CCA seeks to understand:
- What **strengths and resources** does your community have that support health and well-being?
- What are the **current and historical forces of change** at play in the local community, regionally and globally that shape political, economic and social conditions for community members?
- What are the **physical and cultural assets** in the built environment and how do those vary by neighborhood?
- What **steps are being taken** in the community to improve health outcomes? What **solutions** has the community already identified on its own to improve community health?

Usage instructions:

Click the image to navigate to NACCHO's website.

Click the Login button on the upper right-hand corner and create a free MYNACCHO account.

Once you have logged in, you can then access the frameworks through the tool repositories.

Source: NACCHO Tool Repository (login required, free to access)

Tool: Designing Organizational Vision

NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) framework provides a method for a group or organization to understand their future aspiration, current state, and identify what they need to accomplish goals through a visioning process.

Tip Sheet — The Visioning Process

The following is a useful method for structuring community visioning. A similar approach can be used with a committee visioning process. The process details the development of a shared vision, as well as common values.

Preparations

Select a site that can readily accommodate 40-100 persons. Set up the room with participants seated in a circle. This encourages participation by all persons in attendance.

Invitations should be clear and be sent in a timely manner to avoid confusion. Care should be taken to ensure that the time and place facilitate broad attendance. Carefully consider the venue and schedule and how it will accommodate participants with differing schedules or lifestyles.

Key individuals to support the visioning process include: 1) a facilitator who can effectively manage the large group process in a neutral way (see Tip Sheet — Facilitation within the MAPP Process); and 2) one or two note-takers to record the discussion. Recording is a task that should not be assigned or undertaken lightly. The recorder(s) should be skillful at organizing and synthesizing material and should strive to capture the exact wording — to the extent possible —

Source:

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Tool: Prioritizing Community Health Issues

The American Hospital Association (AHA) Community Health Improvement (ACHI)'s **Community Health Assessment Toolkit** provides a list of criteria and techniques to aid organizations in prioritizing community health issues and focus areas (Step 5). After collecting community health data, organizations can use these techniques to determine where to focus time and resources and how to begin developing implementation strategies.

TECHNIQUES	DESCRIPTION
Multi-voting technique	Decide on priorities by agreeing or disagreeing in group discussions and continuing process/rounds until a final list is developed.
Strategy lists	Determine if the health needs are of "high or low importance" by placing an emphasis on problems whose solutions have maximum impact, with the possibility of limited resources.
Nominal group technique	Rate health problems from 1 to 10 through group discussion.
Hanlon method	List those health needs viewed as priorities based on baseline data, numeric values and feasibility factors.
Prioritization matrix	Weigh and rank multiple criteria for prioritization with numeric values to determine health needs with high importance.

Source: AHA/ACHI's Community Health Assessment Toolkit

Tool: Conducting Ecosystem Mapping

Vision Network Labs and several other sources offer resources on the importance of ecosystem mapping, step-by-step guides and templates, and examples of filled-in maps for reference. **Ecosystem mapping** enables organizations and leaders to understand the connections within their direct and indirect networks, identify additional partners, and understand how to best tap into key relationships.
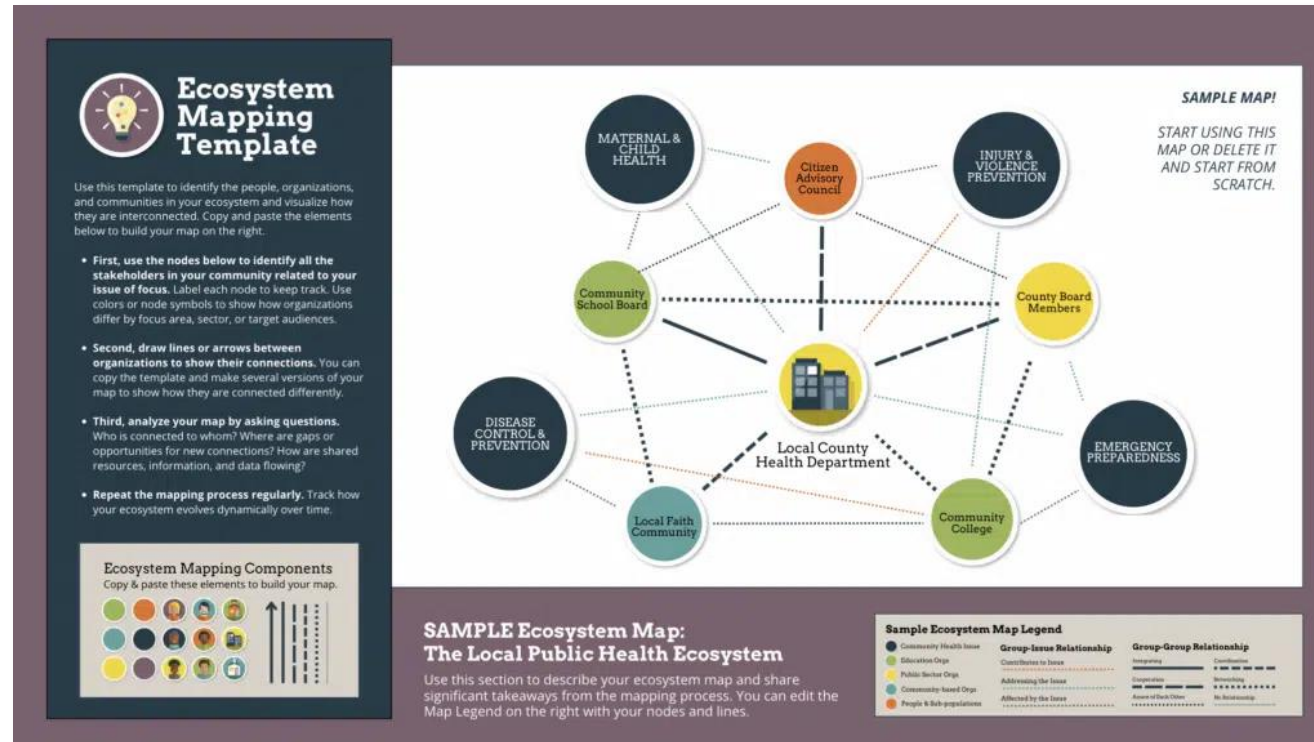
Partner Toolkit: [Ecosystem Mapping: A Tool to Strengthen Systems and Impact - Visible Network Labs](#)

Templates: [How To Do Ecosystem Mapping (With Template and Examples) (xtensio.com)](#)

Guidelines: [Ecosystem mapping - Board of Innovation](#)

Source: [VisibleNetworkLabs](#), [Xtensio](#), [Board of Innovation](#)

Tool: Creating Accountability Mechanisms

Virginia Department of Medical Assistance Services (DMAS) provides an example of an excel-based **Accountability Tracker** that can be used to track concerns and asks raised in coalition working groups and the actions taken to address each ask. This tracker template can be adapted to fit individual project needs.

How DMAS applies the Accountability Tracker in action:

- **Context:** Virginia DMAS created an excel-based accountability tracker that noted concerns raised in each forum and the follow-up solutions.

- **Process:** By doing so, the tool promoted accountability to honor community member feedback by tracking issues raised and the subsequent resolutions.

- **Impact**: The tracker helped to build trust with community members because the coalition actioned on issues raised during meetings.

- **Takeaway:** To ensure accountability to community feedback, a coalition can maintain a tracker of issues and resolutions.

Source: State Health & Value Strategies

Tool: Conducting Power Mapping

The Commons Social Change Library provides a guide to how an organization can conduct power mapping. Power mapping provides an analysis and visual representation of where power relationships stand in relation to the health priority identified. This guide includes an explanation of when to perform this exercise, questions for analysis, and next steps to develop a strategy and action plan based on the resulting map.

Source: The Commons Social Change Library, Anita Tang
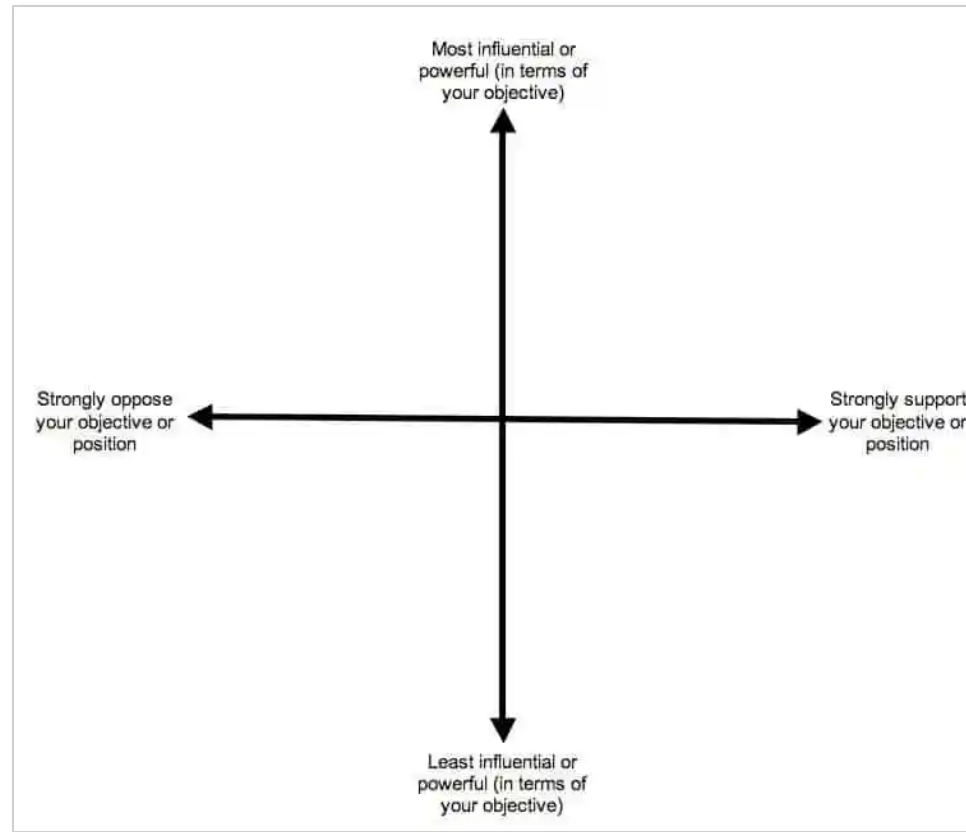
Tool: Setting up Feedback Mechanisms

Action Against Hunger provides a step-by-step guide to develop **Feedback and Complaint Mechanisms (FCMs)** to promote accountability, increase participation of communities, and work toward transparency and efficiency in resource use. FCMs are adapted to the context, population, and project and is ultimately intended to strengthen an organization's relationship with communities.

Source:

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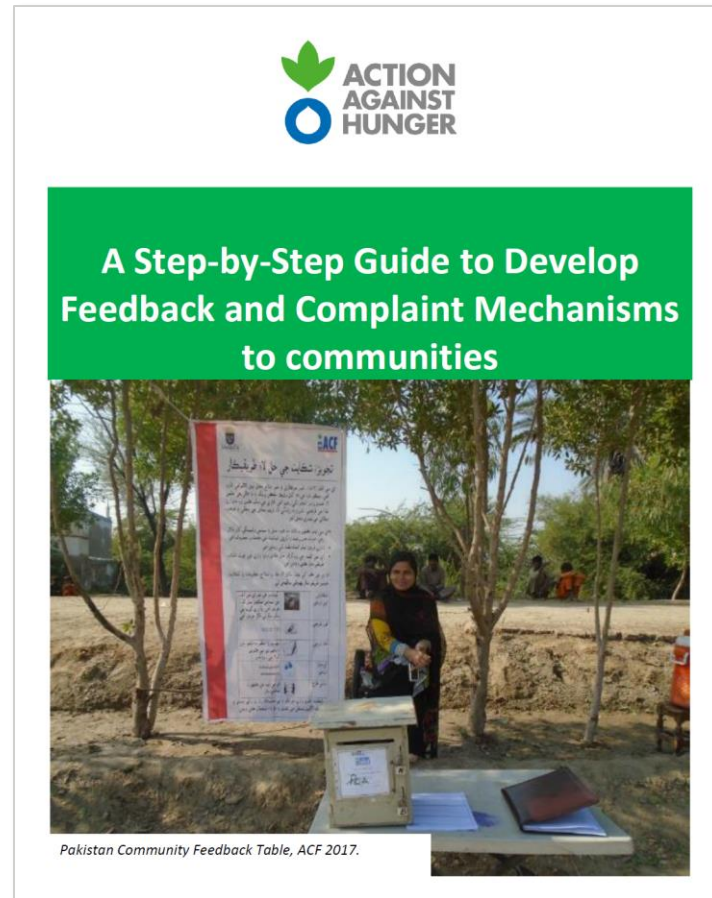
Tool: Assessing Degree of Community Engagement

Movement Strategy's tool, "The Spectrum of Community Engagement to Ownership," charts a pathway to facilitate community participation in decision-making. It can be used to evaluate projects, programs, and campaigns by the degree of community ownership across various areas (impact, activities, goals, resource allocation ratios, and the message sent to the community). The tool also includes reflection questions and definitions for each step on the Spectrum.
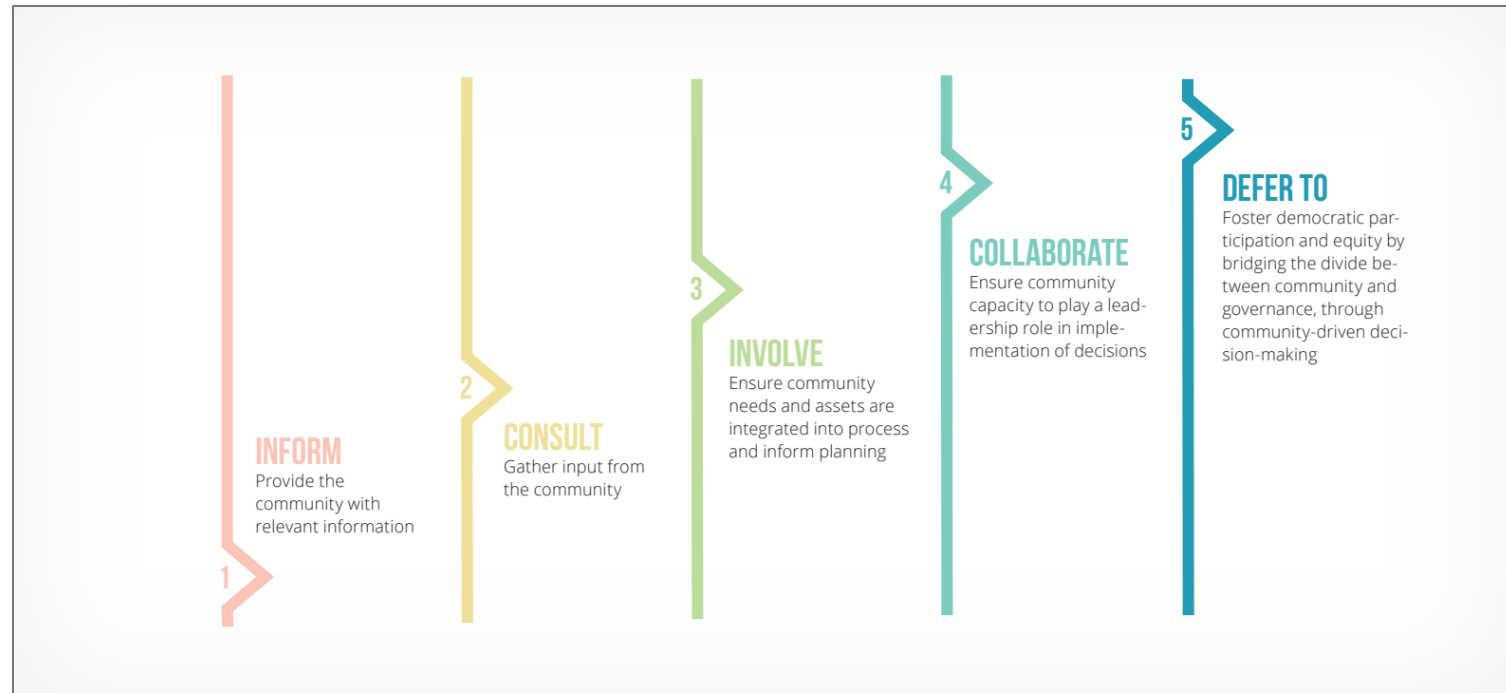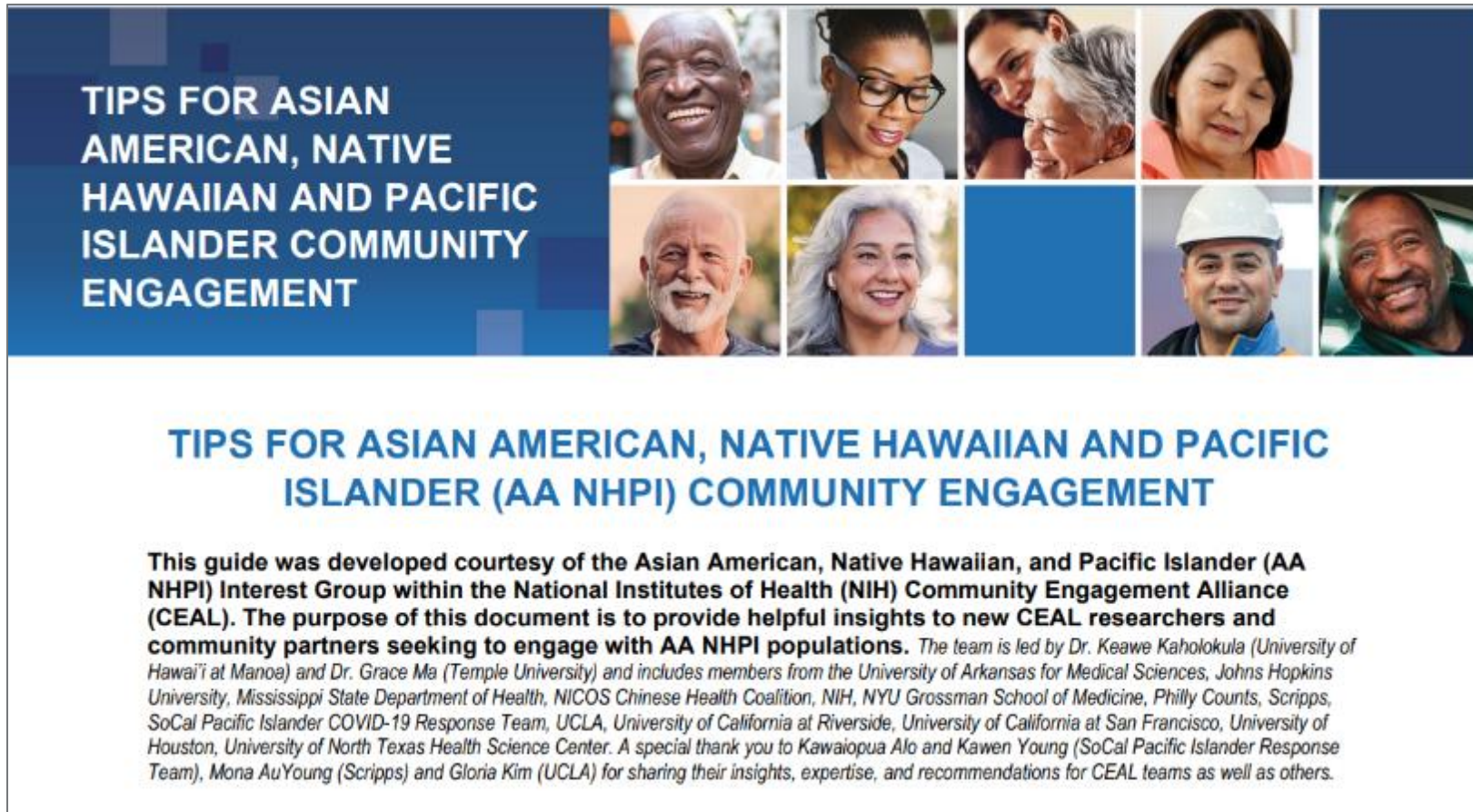
Tool: Crafting Effective Health Narratives

The Berkeley Media Studies Group has the following resources, **Media Advocacy 101 and Framing 101**, to help public health advocates craft crisp, accessible, and effective health narratives. Media advocacy can alter traditional mass media coverage of health issues and help amplify community organizers' voices.

Source:

Tool: Crafting Culturally Accessible Narratives

The NIH's **Community Engagement Alliance (CEAL)** developed the following guide to help engage marginalized populations. This is an example specific to the Asian American, Native Hawaiian, and Pacific Islander community, but nonetheless, offers lessons learned that can be broadly applied to tailoring community engagement to be culturally aware, inclusive, and responsive.

Source: [National Institutes of Health (NIH), Community Engagement Alliance](#)

Tool: Guiding Principles for Technical Assistance

The Frank Porter Graham Child Development Institute created several principles to guide **technical assistance**, defined as a "collaborative and coordinated approach to facilitating change, building capacity…and achieving agreed-upon outcomes." This source includes the principles and high-level definitions of recommended skills and approaches.

Source:

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Tool: Engaging Partners with Lived Experience in Advocacy Work

The US Department of Health and Human Services (HHS) developed **strategies to engage community members with lived experience** in advocacy work in an inclusive manner. The brief includes lessons learned from federal research and policy perspective and suggested practices for effective, meaningful engagement.


Source:

Tool: Supporting Trust-Based Philanthropy

The Stanford Center on Philanthropy and Civil Society (PACS) and its Effective Philanthropy Learning Initiative has developed a guide to effective philanthropy that discusses and recommends leading practices to promote trust and cede power in funder- grantee relationships

CHAPTER 13

Trust-Based Philanthropy and Participatory Philanthropy

Source: Stanford Center on Philanthropy and Civil Society

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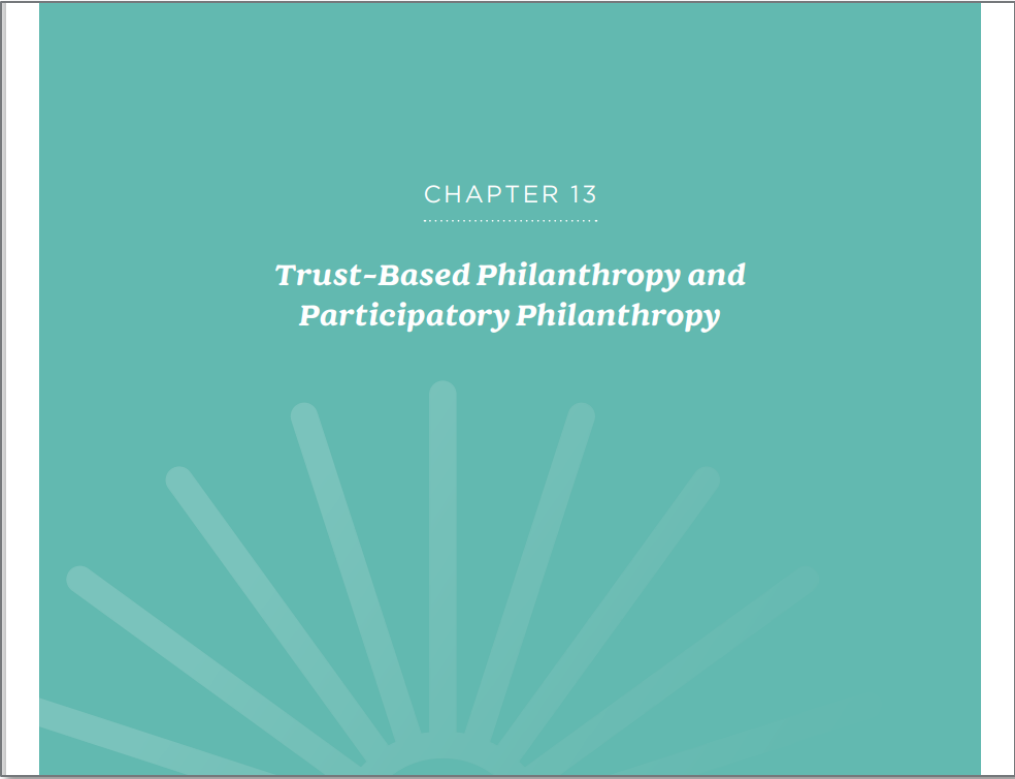
Tool: Aligning on Monitoring and Evaluation (1 of 2)

Several organizations provide sets of questions and guidelines to align groups on shared metrics. As a collaborative or coalition, having shared metrics can help keep all parties aligned on the goal or change the coalition is seeking, as well as how to measure change, sources of data, and reporting tactics.

**The Aspen Institute's Intersector Project Toolkit
Tools for Collaboration: Agree on Measures of Success**
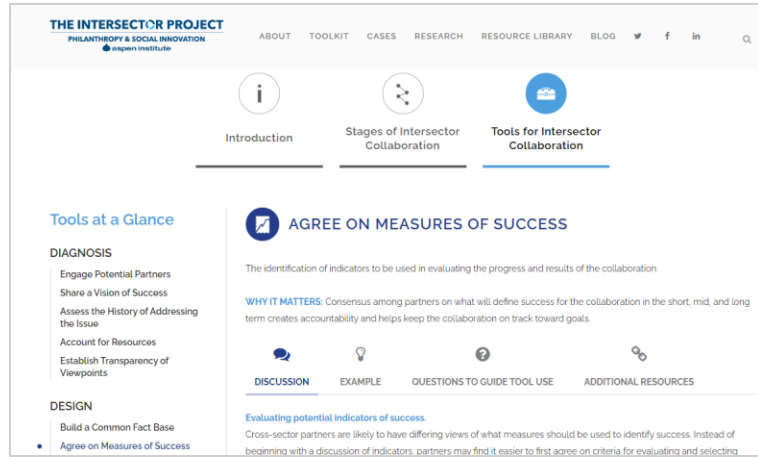
**FSG and the Community Center for Education Results (CCER)'s
Workbook to Support Collective Metric/Indicator Development**
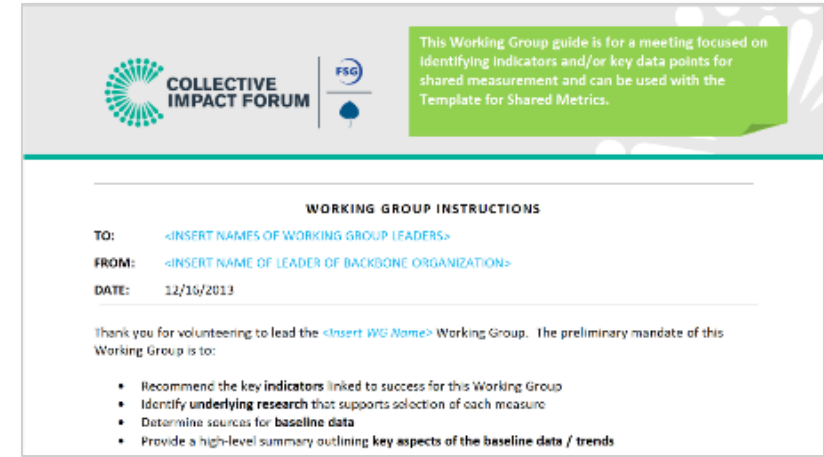
The Aspen Institute suggests that a coalition or group answer the following questions together to align on shared metrics:

- In discussing potential measures of success, how will you ensure that you consider both qualitative and quantitative indicators? Financial and non-financial indicators?
- How will you handle disagreements among partners as to what indicators to use?
- How will you collect and manage the data agreed upon? Will one or more collaboration partners be responsible for these tasks? Will you enlist a third party?
- How often will you review this data? What will be its role in shaping your actions as a collaboration?

Source: The Intersector Project, FSG's Collective Impact Forum

Tool: Aligning on Monitoring and Evaluation (2 of 2)

These tools provide some questions and guidelines for measures, indicators, and metrics a collaboration focused on health equity or social justice might consider

[The European Commission's Employment, Social Affairs and Equal Opportunities Partnership Development Toolkit](#)
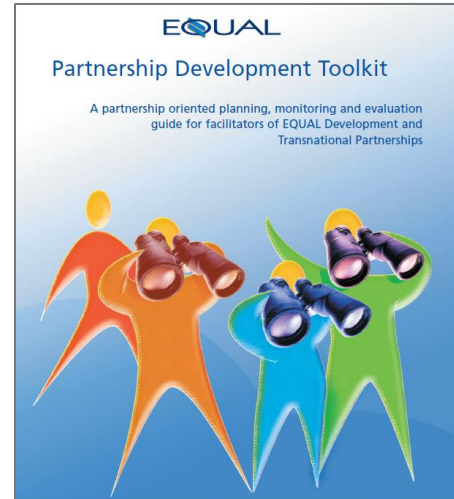
- For example, the European Commission's toolkit provides criteria for how to select and organize indicators.

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Tool: Assessing Where You Are in Stages of Collaboration

Coalitions at each phase of collaboration differ in characteristics and require different aspects of infrastructure to be successful and progress to the next phase. Platform C provides the "Change Cycle Self-Assessment," which includes the **"Mapping Your Change Cycle Progress"** tool to indicate characteristics of coalitions at different stages to help an organization assess where it is in the collaboration journey.

Source: <u>Platform C</u>, Change Cycle Self-Assessment

Appendix C: Community Participation & Interviews for Insights

The following representatives were interviewed or provided feedback to inform this work*

PIH Community Partners	PIH-US Staff	External Subject Matter Specialists	Deloitte Public Health Leaders

Immokalee:
- Healthcare Network (HCN) (Jean Paul Roggiero, MPA, CCHW; Ruby Cannon)
- Mision Peniel, Immokalee, FL

Pima County, Arizona:
- Pima County Health Department PHEP-Operations (Manuel "Manny" Montano, RN-EMT)

North Carolina:
- North Carolina Community Health Worker Association (Honey Yang Estrada, MPH, CHW; Tania Harper)
- Granville Vance Health Department (Gerald L. McNair, MPH)
- El Centro Hispano, Inc.

New Orleans (Former Partners):
- New Orleans Health Department (Jennifer Avegno, MD)

Chicagoland:
- GAP Community Center
- COFI

Cross-Site Teams
- Advocacy Team (Justin Mendoza)
- Learning & Impact Team (Jenae Logan, Tina Damalas, Pranali Koradia, Jacob Gomez, Melinda Gomez, Lucas Allen)
- Partnerships Team (Justine McGowan)

Site Teams
- Chicagoland (Evan Lyon, Maryam Zekeria, Scott Thorpe, Max Clermont, Rachelle Paul-Brutus)
- Immokalee (Maria Plata, Jude Beauchamp, Grace Zhang)
- New Bedford/MA (Marlene Cerritos-Rivas, Melissa Mazzeo)
- North Carolina (Devin Worster, Meki Shewangizaw)
- Pima County (Cecelia (CR) English, Sara Selig, Eamon Penney)
- Newark (Arianna Kahn, Beatrice Simpkins)

- CommuniVax / CommuniHealth
- National Association of Community Health Centers
- National Association of County and City Health Officials (Richard Hofrichter, PhD)
- Berkely Media Studies Group
- Unidos US
- Robert Wood Johnson Foundation (Abbey Cofsky, MPH)
- CHW Common Indicators
- Community Health Acceleration Partnership (Wendy McWeeny)

- Federal & Local Health Departments (Julia Elligers)
- Population Health & Health Plans (David Veroff)
- Public Health Transformation (David Betts)
- Former Health Official / ASTHO (Jamie Howgate)
- Health Equity for State and Local Gov't (Jeff Burke)
- Monitor Institute (Bridget Brennan, Alisha Malkani)

For consideration: These voices gathered during interviews heavily center on PIH-US's and Deloitte's perspective on and relationships within community health.

*Prior to any public-facing acknowledgements, approval from these contacts will be needed.

Appendix D: External Sources

The following frameworks and literature were consulted or used to inform this document:

Organization/Authors	Source(s)
ACT UP Historical Archive	The ACT UP Historical Archive: ACT UP/NY Chronology 1991 (actupny.org)
AHA/ACHI	Step 5: Prioritize Community Health Issues	ACHI (healthycommunities.org)
American Journal of Public Health	CHW Support for Disadvantaged Patients with Multiple Chronic Diseases: A RCT
American Journal of Public Health	Proximal, Distal, and the Politics of Causation: What's Level Got to Do With It?
American Journal of Public Health	Addressing the childhood asthma crisis in Harlem: the Harlem Children's Zone Asthma Initiative
American Medical Association	What is structural racism?
American Public Health Association	Non-Profit Hospital's Approach to Community Health Needs Assessment
Annual Review of Public Health	A Review of Collaborative Partnerships as a Strategy for Improving Community Health
Australia Institute of Family Studies	Collective Impact: Evidence and Implications for practice
ASTHO	Guidance for Integrating Health Equity Language Into Funding Announcements (astho.org)
Bay Area Regional Health Inequities Initiative	A Public Health Framework for Reducing Health Inequities
Berkeley Media Studies Group	Framing 101
Berkeley Media Studies Group	Video: Communicating to Create Healthy Communities
Berkeley Media Studies Group	Blog: Overcoming Common Communication Challenges: A 3-part Series for Advocates
Berkeley Media Studies Group	Media Advocacy 101
Berkeley Media Studies Group	Championing public health amid legal and legislative threats: Framing and language recommendations
BMC Health Services Research	Evidence that collaborative action between local health departments and nonprofit hospitals helps foster healthy behaviors in communities: a multilevel study
Board of Innovation	Ecosystem Mapping
Butterfoss & Kegler (2009)	The Community Coalition Action Theory
CDC	Principles of Community Engagement
Center for American Progress	Systemic Inequality and Economic Opportunity
Center for Nonprofit Management	Introduction To Power Mapping - Center For Nonprofit Management (cnmsocal.org)
ChangeLabSolutions	Blueprint for Changemakers
CHW Common Indicators Project	CHW Common Indicators Project - Northwest Regional Primary Care Association (nwrpca.org)
CHW Common Indicators Project	CI-Project-One-Pager_FINAL.pdf (orchwa.org)
Collaborative Leaders Network	What is a Convener?	Collaborative Leaders Network
Collective Impact Forum	What is Collective Impact
Collective Impact Forum	The Working Group Guide to Indicator Development

The following frameworks and literature were consulted or used to inform this document:

Organization/Authors	Source(s)
Columbia University	Collective Impact and the New Generation of Cross-Sector Collaborations for Education
Community Based Participatory Research for Health	The theoretical, historical and practice roots of CBPR
Community Development	Re-examining power and privilege in collective impact
Community Development	CREATE-ing capacity to take developmental crime prevention to scale: A community-based approach within a national framework
Community Development	Widening the view: situating collective impact among frameworks for community-led change
Community Development	Re-examining power and privilege in collective impact
Community Health Worker Central	The Community Health Worker (CHW) Common Indicators Project: Engaging CHWs in Measurement to Sustain the Profession (chwcentral.org)
Community Health Worker Central	Community Health Workers/Volunteers (chwcentral.org)
Community Tool Box	Coalition Building I: Starting a Coalition
Danish Red Cross	Cross-Sector Partnership Guideline
Data.org	Rising Equitable Community Data Ecosystems (RECoDE)
De Beaumont	MADE FOR HEALTH JUSTICE: Modernized Anti-Racist Data Ecosystems
Deloitte	Can culturally humble care help correct historic wrongs?
Deloitte	Drivers of Health Wheel
Deloitte	Drivers of health equity survey
Deloitte	Four Domains of Action for Health Equity Framework
Environment & Health Data Portal	Asthma and the Environment in Central Harlem - Morningside Heights
Environmental Health Perspectives	Community-Based Participatory Research: Lessons Learned from the Centers for Children's Environmental Health and Disease Prevention Research
European Commission	Partnership Development Toolkit
Families USA	Advancing Health Equity Through Community Health Workers and Peer Providers: Mounting Eviidence and Policy Recommendations
Frameworks (supported by BMGF)	Cover Title in Title Case: This Is a Cover Without an Image Talking About Poverty: Narratives, Counter-Narratives, and Telling Effective Stories
Frank Porter Graham	Guiding Principles for Effective Technical Assistance

The following frameworks and literature were consulted or used to inform this document:

Organization/Authors	Source(s)
FSG	Leveraging Historic Federal Investment: Roles for Communities, Companies, and Funders
Global Journal of Community Psychology Practice	Ten places where Collective Impact Gets it Wrong
Goldman Environmental Prize	Environmental Racism in America: An Overview of the Environmental Justice Movement and the Role of Race in Environmental Policies
Grist Climate Justice Solutions	Meet Robert Bullard, the father of environmental justice	Grist
Health Affairs	Multisector Partnerships Such As ACHs: How Can They Improve Population Health And Reduce Health Inequities?
Health Affairs	Funding For Local Public Health: A Renewed Path For Critical Infrastructure
Health Education & Behavior	The Collective Impact Model and Its Potential for Health Promotion: Overview and Case Study of a Healthy Retail Initiative in San Francisco
Health Equity Solutions	State Examples of Medicaid Community Engagement Strategies
HealthAffairs	Preventable Death Rates Fell Where Communities Expanded Population Health Activities Through Multisector Networks
International Journal of Environmental Research and Public Health	A Framework for Interfacing and Partnering with Environmental Justice Communities as a Prelude to Human Health and Hazard Identification in the Vulnerable Census Tracts of Columbus, Ohio
It's Time Texas	Community Health Collaboration Toolkit
Johns Hopkins Center for Health Security	The CommuniHealth Playbook (centerforhealthsecurity.org)
Journal of Care for the Poor and Underserved	A Health System's Approach to Using CBPR Principles with Multi-sector Collaboration to Design and Implement a COVID-19 Vaccine Outreach Program
Journal of Lifestyle Medicine	Moving Knowledge to Action: Applying Community Coalition Action Theory (CCAT) to Bus Seat Belt Usage
Journal of Population Health Management	Coalitions for Impacting the Health of a Community: The Summit County, Ohio, Experience
Journal of Preventative Medicine	The Colorado National Collaborative: A public health approach to suicide prevention
Journal of the Catholic Health Association of the United States	Public Health's Role: Collaborating for Healthy Communities
Leonard Davis Institute of Health Economics	Three Models of Community-Based participatory Research
Medical Care	Health Workforce for Health Equity
Med Care Res Rev	Interventions to Reduce Racial and Ethnic Disparities in Health Care
Michigan School of Public Health	It's Time to Rethink Capacity Building in Global Health Work

The following frameworks and literature were consulted or used to inform this document:

Organization/Authors	Source(s)
Mid Iowa Health Foundation	Health Equity Work in Action: What Funders Should Know
Movement Strategy Center	The Spectrum of Community Engagement to Ownership
Movement Strategy Center	Resources-Case Studies - Movement Strategy Center
Multnomah County Health Department	An Introduction to Popular Education
NACCHO	Public Health Landscape
NACCHO	Mobilizing for Planning through Actions and Partnerships
NACCHO	Community Health Assessment and Improvement Planning
NACCHO	MAPP Evolution Blueprint Executive Summary
NACCHO	MAPP Tool Repository
NACCHO	Organize for Success/Partnership Development At-A-Glance
NACCHO	Public Health Landscape
NACCHO	Mobilizing for Planning through Actions and Partnerships
NACCHO	Community Health Assessment and Improvement Planning
National Academies of Sciences, Engineering, and Medicine; Health and Medicine	The State of Health Disparities in the US
National Academies Press	Communities in Action: Pathways to Health Equity
National Academy of Medicine	Elements of Accountable Communities for Health: A Review of the Literature
New Directions for Evaluation	Finding the Impact: Methods for Assessing the Contribution of Collective Impact to Systems and Population Change in a Multi-Site Study
New Zealand Environmental Health Intelligence	Socioeconomic Deprivation Profile
NIH Community Engagement Alliance	How to Best Engage and Communicate: Lessons Learned so Far from COVID-19 (nih.gov)
Nurse Key	Working Together: Collaboration, Coalition Building, and Community Organizing
Office of the Assistant Secretary for Planning and Evaluation	Methods and Emerging Strategies to Engage People with Lived Experience	ASPE (hhs.gov)
Ohio State Coalition Works	Are You Ready to Evaluate Your Coalition.doc
Platform C	Collaborative Change Cycle
PLOS Global Public Health	Funders: The missing link in equitable global health research?	PLOS Global Public Health
PolicyLink	Equity: the Soul of Collective Impact

The following frameworks and literature were consulted or used to inform this document:

Organization/Authors	Source(s)
Presidential COVID-19 Health Equity Task Force	Final Report and Recommendations
Robert Wood Johnson Foundation	Transformational Community Engagement to Advance Health Equity
Robert Wood Johnson Foundation	Centering Equity in the Nation's Public Health System
Robert Wood Johnson Foundation	Culture of Health
Robert Wood Johnson Foundation	Building Community Power and Connection for Health Equity
Robert Wood Johnson Foundation	Walk with Us: Building Community Power and Connection for Health Equity
Robert Wood Johnson Foundation	Strengthening Integration of Health Services and Systems
Stanford PCAS Guide to Effective Philanthropy	Trust-Based Philanthropy and Participatory Philanthropy
Stanford Social Innovation Review	Collective Impact Framework
Stanford Social Innovation Review	The Dawn of System Leadership
Stanford Social Innovation Review	Filling the Gaps in Collective Impact
StriveTogether	Theory of Action
StriveTogether	Evaluation Report 2015-2017
Systems for Action	Multi-Sector Community Networks Are Losing Strength in Many Rural Areas, Reducing Capacity to Improve Population Health Evidence Brief
Systems for Action	Using Network Science to Explore Pathways for Reducing Policing Attributable Health Problems & Inequities
Systems for Action	Examining How Social Services Organizations Engage in Community Public Health Networks Evidence Brief | Systems For Action
Tamarack Institute	Collective Impact 3.0: An Evolving Framework for Community Change
The Bridgespan Group	Field Diagnostic Tool: Assessing A Field's Progression
The Colorado Trust	The West Central Public Health Partnership
The Commons Social Change Library	Power Mapping Guide
The Commons Social Change Library	Power and Power Mapping: Start Here
The Commonwealth Fund	Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally
The Intersector Project	Stages of Intersector Collaboration
The Lancet	Structural racism and health inequities in the USA: evidence and interventions
The Rockefeller Foundation	Engage: How Funders Can Support and Leverage Networks for Social Impact

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Organization/Authors	Source(s)
The Social Work Practitioner	What is cultural humility
University of Kansas	Community Tool Box section 9: Identifying and Analyzing Stakeholders and Their Interests
Urban Institute	Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare
USC Dornsife Equity Research Institute	Story of Place: Community Power and Healthy Communities
Vermont Department of Public Health	PLN_Health Equity_Glossary.pdf (healthvermont.gov)
Visible Network Labs	Patterns in PARTNERing Across Public Health Collaboratives
Vision Network Labs	Community Carrying Capacity to Address Health System Referrals: A Networked Approach
Vision Network Labs	Ecosystem Mapping
Vision Network Labs	Navigating a Public Health Collaborative: 9 Research-Informed Lessons for Success
Vision Network Labs	Implications of a Network Structure on Public Health Collaboratives
WaterAid	Guidelines on working effectively with partners
Wolff et. al (2017)	Collaborating for Equity and Justice: Moving Beyond Collective Impact
World Health Organization	Highlighting a population's health information needs during health emergencies through new infodemic management tools and frameworks (who.int)
World of Work Project	Power of Collaborative Solutions
Xtensio	How to Do Ecosystem Mapping

Bibliography | PIH-US Internal Literature

The following key PIH-US documents were used to inform the drafting of this Framework.

PIH Document Title	PIH Document Title
LT-CRC_case_study_Immokalee_June_2021_Final	PIH-US-3-pager-January-2022
LT-CRC_case_study_NC_march_2021_Final	PIH-US-New-Bedford-Overview-December-2021
LT-Vaccine_New_Orleans_VxRollout_Case_Study_FINAL	PIH-US-Immokalee-2-pager-2022-Jan
Partner interviews JanFeb 2023	PIH-US-Pima-3-pager-June-2022_04
PIH-US approach to M&E_Jan2023	Pre-reads for July 18DOH Strategy Sprint
PIH-US M&E overview 20230103	Nov2021_PIH-US overview, trustee update
5.9.22 PIH-US Retreat_Taking stock--from USPHAU to PIH-US_Katie	Q2 Pima partner interview summary
HRSA Impact Slide Deck	Q2 North Carolina partner interview summary
PIH-US Video Link	Q2 New Bedford partner interview summary
PIH-US-general-3-pager	Q2 Immokalee partner interview summary
PIH-US-TOC_07	Q2 Chicago partner interview summary
Brown et al. - 2017 - Engagement Strategies to Advance Community-Centered	
External Links & Models	
The Immokalee Community Health Coalition- Operationalizing Trust	
VEC-white-paper-jan-2022	
PIH-US-Chicago-3-pager-Jan-2022	
PIH-US-North-Carolina-2-pager-2022-Jan	

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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