We see seven key pillars of Collaborative Infrastructure

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

Call to Action

Power Redistribution

Narratives & Resources Objectives

Capacity

Data & Metrics Trust

Ability to **impact**

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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

decisions that affect community health outcomes: acknowledgment that decisionmaking 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

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

Call to Action

Power Redistribution



Power often is

Resources



Narratives & Objectives



Capacity



Data & Metrics

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Trust



Ecosystem actors may have varying levels of perceived **urgency** to drive health equityanchored

not ceded without demand. Engaging partners and communities without adjusting for cultural strategies in preferences absence of a and power unifying force dynamics can such as COVIDfurther inequity 19 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? Call to Power Narratives & Capacity Trust Resources Data & Action Redistribution Objectives Metrics