

## NATIONAL SUMMIT SERIES: SUMMIT 4

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# Catalyzing Cross-Sectoral Partnerships and Community Engagement

MARCH 23, 2022

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SUMMARY REPORT

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# Introduction

## ***Lights, Camera, Action: The Future of Public Health National Summit Series***

A CDC Foundation summit series launched in December 2021 to explore and advance the future of public health with the theme of *Lights, Camera, Action: The Future of Public Health*. This national summit series not only presents a comprehensive and critical view of the current landscape of public health in the United States but—more importantly—it convenes public health workers and key stakeholders across disciplines and across the nation to collaboratively construct a harmonized, strategic and action-oriented approach to move the field forward following decades of underinvestment and two years of a devastating pandemic.

The theme of the summits—*Lights, Camera, Action*—provides a framework through which the field can transform itself to meet the present and future needs of public health in the United States.

- **Lights** are the guiding lights from recent research, recommendations and action plans from leading public health organizations. These exemplars in practice and policy showcase the nation's current gaps and identify solutions to rebuild public health infrastructure.
- **Camera** refers to framing public health through the lens of the pandemic and its impact on the public's trust in the field. Today, there is a need for the United States to refocus the camera to rebuild trust and transform public health. The camera also emphasizes the need for everything public health does and touches to be framed through an equity lens.
- **Action** represents the steps public health officials and partners can take to address the issues illuminated by the lights and captured through the camera lens. Public health officials at all levels of state, local and national governments have a role to play in shaping a public health system built for today's needs and tomorrow's challenges.

The *Lights, Camera, Action National Summit Series* is a collaboration of the CDC Foundation, the National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO) and Big Cities Health Coalition (BCHC). Support for the summits is generously provided by the United Health Foundation, the Robert Wood Johnson Foundation and the Pew Charitable Trust.

The summit series grew out of a coalition of organizations brought together by the Bipartisan Policy Center to develop a five-year road map for public health leaders and elected officials. Their goal is to influence strategic investments and decision-making to build a more robust and sustainable public

health system. The reports that came out of that coalition, [Public Health Forward: Modernizing the U.S. public health system](#) and [The Future of Public Health: A synthesis report for the field](#), provided the foundation for these summits.

Many of the themes and suggestions that emerged from this summit reflect those in the *Public Health Forward* and *The Future of Public Health* reports while also adding details of individual and shared experiences of summit presenters and participants.

The four virtual convenings of the summit series are focused around key priority areas: (1) workforce development; (2) data and technology; (3) law, governance and finance; and (4) cross-sector partnerships and community engagement. The overarching objective of the summits is that together we can write a new script and produce a new future for public health in America.

This summary report provides an overview of the discussion in the fourth virtual convening held on March 23, 2022. In addition, a video recording of the fourth summit is available on the summit series website at [www.futureofpublichealth.org](http://www.futureofpublichealth.org), along with relevant resources for each summit and the series overall. Summary reports, Accelerating Action reports and video recordings of the first three summits are also posted on the website.

This report highlights key observations and themes for action identified by summit speakers and participants that the public health community can use to guide their efforts to advance the future of public health in the United States.

## Catalyzing Cross-Sectoral Partnerships and Community Engagement

The fourth and final virtual convening of the *Lights, Camera, Action: The Future of Public Health National Summit Series* focused on cross-sector partnerships and community engagement. Throughout the fourth summit, speakers and attendees discussed the value of community partnerships—including those with both communities most impacted by health inequities and with agencies, organizations and businesses whose work intersects with and supports public health. As Dr. Judy Monroe, the CDC Foundation's president and CEO, explained in her introduction to the plenary session, community engagement and cross-sector partnerships have always been core functions of public health and will continue to be fundamental to shaping its future.

*“One of the 10 Essential Public Health Services is to strengthen, support and mobilize communities and partnerships to improve health.... And Public Health 3.0 calls on public health leaders to serve as chief health strategists, partnering across multiple sectors and leveraging data and resources to address social, environmental and economic conditions that affect health and health equity.”*

JUDY MONROE, MD, PRESIDENT AND CEO, CDC FOUNDATION

Dr. Monroe also emphasized the importance of engaging communities most impacted by health inequities in determining and driving the field's work toward advancing health equity.

*“Effective community engagement drives public health to prioritize the right interventions, policies, practices and approaches to community-driven health priorities with community-driven approaches. These can and should be informed by people who have experienced health inequities and by communities that may not have been consulted in the planning of public health activities. This means putting communities in the driver's seat and establishing trust and strong relationships.... As we focus on the power of partnerships, it's critically important to focus on the central role that authentic community engagement plays in achieving health equity and vibrant, healthy, resilient communities—essentially what public's health mission really is.”*

Speakers acknowledged this moment is a turning point for public health in the United States. The renewed attention to the field creates a window of opportunity to fundamentally transform public health infrastructure for an equitable and sustainable future. Summit presenters and participants described the key role partnerships forged and strengthened over the past two years played in

strengthening and supporting public health in this time of crisis, as well as how essential it will be to maintain and nurture these relationships moving forward. To that end, participants shared best practices and identified the needed skills and strategies to catalyze and mobilize partnerships to write a new script for the future of public health.

Following the summit plenary, invited breakout group sessions were held for decision makers around the country to strategize how to transform these ideas into action. These breakout group sessions approached the summit topic of catalyzing cross-sector partnerships and community engagement from five perspectives: 1) Building and Sustaining True Community Engagement; 2) Harnessing the Power of Business to Promote Public Health; 3) Mobilizing and Strengthening Community-Based Coalitions: Promoting trust and participation in public health; 4) Declaring Racism as a Public Health Crisis: The role of multisector partnerships in addressing the root causes of health inequities; and 5) Assessing the Impact of Partnerships: How do we know what worked?

An Accelerating Action report will follow this summary report with more details on actions to be taken by different partners in the short, medium and long term. Check the [summit series' website](#) for these and other resources for each summit.

Throughout the discussions in the plenary session, the breakout groups and the active chat, several key themes surfaced for how to catalyze cross-sector partnerships and community engagement. This report frames these topics through the summit series' theme.

- **Lights:** Appreciating the value of partnerships in public health and highlighting best practices and lessons learned from the pandemic will guide the field forward in building and strengthening cross-sector and community partnerships in the future.
- **Camera:** Refocusing and reframing skills and strategies for transformative partnerships will ensure public health builds relationships grounded in its values of health equity and racial justice.
- **Action:** Taking action to ensure sustainability, rethink evaluation and effectively communicate the value and impacts of public health's work will enable the field to write a new script and produce a new future for public health.

## LIGHTS:

# Appreciating and Strengthening Partnerships for Public Health

### LIGHTS

- Value of Existing Partnerships for Public Health

Best Practices and Lessons Learned in Partnerships for Public Health

The fourth virtual convening of the *Lights, Camera, Action* national summit series shined a light on the importance of cross-sector partnerships and community engagement in public health's history and future. It especially placed a spotlight on the crucial role partnerships played during the COVID-19 pandemic. Speakers and attendees highlighted the value of existing partnerships as well as best practices and lessons learned in establishing and strengthening partnerships for public health. (See also the [summit 2](#) report for a discussion of the role of "Relationship- and Trust-Building for Equitable and Sustainable Data Modernization" and the [summit 3](#) report for "Equitable and Inclusive Community Engagement Rooted in Public Health Values" and "Deepening Cross-Sector and Community Partnerships to Advance Health Equity.")

### Value of Existing Partnerships for Public Health

Existing partnerships proved essential to the field's ability to take action quickly to protect the public's health despite decades of underinvestment in public health systems and infrastructure. They also demonstrated their value as supporters and defenders of public health when the field experienced blowback in response to measures put in place to protect the community as a whole.

#### Partnerships maximize resources

In CDC Director Dr. Rochelle Walensky's opening remarks, she described how fundamental the topic of this fourth virtual convening—partnerships—is to the overarching goal to write a new script for public health in the context of all the topics covered previously in this national summit series.

*"For this final summit, we have gathered to talk about partnerships and the critical role they play in our current and future work in public health. Indeed, it is partnerships that will help us build a diverse and effective public health workforce, improve the quality of data and how we share information and strengthen public health law, governance and finance."*

ROCHELLE WALENSKY, MD, MPH, DIRECTOR, CENTERS FOR DISEASE CONTROL AND PREVENTION

One of the biggest recurring themes of this national summit series has been how the decades of underinvestment in public health that precipitated this pandemic hindered the field's ability to respond optimally. Despite this underinvestment, public health has done a commendable job

in limiting the spread of the virus and protecting the public's health. As Dr. Walensky explained, partnerships played a significant role in supplementing public health's limited resources in this time of crisis—both financially as well as in terms of people power.

*“With partnerships, one plus one can often equal five. By amplifying resources, reaching more people, gathering like minds to work for the public good...partnerships are powerful.... We can achieve more when we work together.”*

Throughout the summit, speakers and participants described instances where partners provided skills and resources to fill public health gaps. For example, in vaccine delivery and administration alone, countless partnerships proved crucial in providing needed supports to realize public health's vision of vaccine equity. Pharmacies made vaccines accessible, ride-sharing companies provided transportation for those in need and community-based organizations served as trusted messengers to address vaccine hesitancy. Without these additional resources from cross-sector partners and the communities public health serves, the nationwide vaccination campaign would have been significantly more difficult.

One benefit that this amplification of resources has demonstrated for public health and, hopefully, for the public more broadly is the value of working together for the good of the whole community. As the moderator of the panel discussion “Engaging the Business Sector in Public Health Partnerships” put it:

*“Ultimately, I think what we have learned over this serious pandemic is that when we work together... we're much stronger together than we are individually.”*

**RAY KERINS, MS, CHIEF EXECUTIVE OFFICER, THE NEXT SOLUTIONS GROUP**

### Existing partnerships facilitate preparedness

Another important lesson learned during the pandemic about the value of existing partnerships for public health is that they facilitate preparedness in case of emergencies. For example, in a panel discussion about addressing homelessness, one speaker described how established relationships facilitated vaccine distribution:

*“We were able to bring Healthcare for the Homeless into our housing opportunities to start having a relationship there with the people that had experienced homelessness and now are in housing... and we were able to bring homeless folks into that same pool. And so...Healthcare for the Homeless was able to start building...trust with the homeless people themselves. And that really, really helped us when it came to the pandemic, because we already had a lot of inroads into how we were going to get the homeless folks the vaccine. And it was based on trust and working knowledge.”*

**MIKE GOZE, AMERICAN INDIAN COMMUNITY DEVELOPMENT CORPORATION**

Summit participants also described in the chat how, as the COVID-19 pandemic emerged, they were able to call on partnerships and networks from previous public health threats. These existing partnerships allowed the field and its partners to jump into action much more quickly.

- *“One of the markers I used to get coalitions to pivot rapidly to COVID work was leaders who led the Ryan White efforts. THEY KEPT THEIR PLAYBOOKS AND PULLED THEM OUT as a place to start with COVID before guidance was available. Wisdom is wisdom. The Ryan White folks moved quickly into being effective.”*
- *“What I found remarkable in the COVID-19 response was how absolutely invaluable and critical it was to be able to immediately tap into those networks and pathways to solving complex public health problems that had been set up during the Zika response. Even though the health threat had shifted, so much of what was there in terms of that partnership ecosystem was essential and really gave so much of the response a jump-start.”*

## LIGHTS

Value of Existing Partnerships for Public Health

- Best Practices and Lessons Learned in Partnerships for Public Health

Many other discussions throughout the summit emphasized how building partnerships and meaningful community engagement are painstakingly time-consuming processes. The rewards are great, and the case is made below for investing substantially in the time it takes to build meaningful partnerships. But a sentiment expressed in every summit in this series—probably best articulated by a breakout group participant in summit 2—was that an emergency is not the ideal time to establish new partnerships: *“The time of crisis is not the time to hand out business cards to community groups.”*

As this pandemic has demonstrated, having partnerships in place long before an emergency makes them infinitely more useful and valuable whenever a crisis arises.

### Partnerships can protect and support public health against threats and opposition

Allyship is a two-way street: while public health is trying to learn how to use its power and influence for the benefit of others, partnerships the field has built in those efforts can help to protect it from threats and opposition. As public health workers ran themselves ragged during the pandemic doing everything they could to reduce the spread of the virus, at the same time they encountered incredible pushback in some areas against the very policies put in place to protect the public’s health. Public health leaders themselves even faced personal threats. Addressing inequities in health outcomes revealed by COVID-19 attracted opposition as well. As one breakout group participant shared:

*“With our Director of Health in Los Angeles County, Dr. Barbara Ferrer...we wrote the first document that outlined equity strategies and commitments from the Department of Public Health to the communities they serve.... The negative outpouring because of that alone was incredible because she was calling out the word ‘equity’.... Then COVID-19 came, and everyone started quitting because people were exhausted.... The racism and the biases were so much.”*

Thankfully, as another breakout group participant described, at this most vulnerable moment for public health, community partners stepped up to defend the field:

*“Public health officers in a lot of counties were put on an island by this pandemic and really attacked aggressively from some sides. One thing we noticed was that University of California Davis was a credible and well-respected voice in our region among the broader community. We got our faculty to be more visible in reinforcing the messaging the public health officers were trying to drive.... We helped provide credibility and evidence behind what they were saying, so they weren’t so isolated and weren’t the only voice in the region that was saying things like...masking is important and school closures are appropriate at this time.... I think it helped.”*

Similarly, as another breakout group participant pointed out, one of the recommendations in the report [Seven Ways Business Can Align with Public Health for Bold Action and Innovation](#) is that *“business can help lend a credible voice for public health, showing up in partnership with public health in moments of crisis.”*

### Best Practices and Lessons Learned in Partnerships for Public Health

A number of best practices and lessons learned for successful public health partnerships emerged throughout the fourth summit. These include best practices for first steps in community engagement; flexible, long-term funding given directly to community organizations; ways public health and business can support each other; and understanding the science of coalitions.

The first poll taken during the fourth virtual convening asked participants to identify the biggest challenge to establishing cross-sector partnerships. The top three responses were issues with inflexible funding, trust-building and power dynamics. Building trust and managing power imbalances are both covered below in the CAMERA section of this report.

The least popular responses are equally interesting, as they identify areas in which the field may not need as much help. While the proportion of respondents who selected the lower-ranked items should not be discounted, those factors were not the top priority of 72 percent of poll respondents, suggesting best practices and training opportunities exist, the majority of attendees feel they have connections to other sectors and other sectors want to partner with public health.

What is the biggest challenge to establishing cross-sector partnerships? (Select one.)	% of total responses
Lack of flexible funding/Only having funding that is “disease specific”	36%
Difficulty establishing mutual trust among potential partners	20%
Difficulty managing power imbalances among partners	13%
Lack of necessary connections to other sectors	11%
Lack of interest on the part of other sectors	10%
Absence of best practice models or training on partnering	7%
Other (enter your challenge in the chat)	3%

Although the poll results suggest there are best practice models and trainings available, it is worth highlighting some of the best practices and lessons learned from public health partnerships that were brought under the spotlight of this fourth virtual convening. These should be especially valuable for that proportion of summit attendees who are not as far along in community engagement as other agencies, as well as serving as a refresher for those with more experience.

### Best practices for first steps in community engagement

In a few of the breakout group discussions and sessions in the plenary, speakers and participants highlighted some key first steps in community engagement for successful public health partnerships. Themes included intentionality and transparency, investing in relationship-building and ensuring community ownership from the beginning.

#### Intentionality and transparency

Community engagement cannot just be done for the purposes of checking a box, as several participants cautioned. To enter into meaningful engagement and build fruitful partnerships requires intentionality and transparency. In the first breakout group on “Building and Sustaining True Community Engagement,” participants emphasized how important it is to approach community engagement with thoughtfulness and intentionality. Another significant factor in meaningful relationships is respecting your partners as equals. Being transparent about your intentions is one way to demonstrate such respect.

- *“Starting from a place of intentionality and knowing, what do we really want and are expecting from community engagement? I think in public health it’s often checking a box and saying, ‘we got the communities’ input and now we’re moving forward.’”*
- *“Be clear about what you mean by ‘community engagement’—is it input or is it co-creation or something else? Be direct with the community about that intention, what you are asking of the community, etc.”*

#### Invest in transformative relationship-building

In a panel discussion, Pastor George Nicholas of the Buffalo Center for Health Equity emphasized that meaningful partnerships come down to relationships. He spoke of the notion of transformative rather than transactional relationships. To that end, he encouraged public health to begin building any relationship that may serve as the foundation for a partnership by talking about things other than money first:

*“It’s about relationships.... I would challenge those of you who are doing coalition work around the country: have some conversations with people from different sectors that are not about the money. Or not about the project.... One of the biggest mistakes we make is we enter into these conversations—cross-ethnicity, cross-sector, cross-life experiences—and then you start working on your narrative for your grant you’re gonna fill out. And you don’t even know the people in the room! You don’t know anything about them.... Take that time.... I’m telling you it’s worth it because you’ll be able to be far more effective.”*

**PASTOR GEORGE NICHOLAS**, MDIV, CHAIR, BUFFALO CENTER FOR HEALTH EQUITY

Summit attendees noted their appreciation for Pastor Nicholas’ approach in the chat, with comments like, *“Yes, Pastor, and when we don’t focus as much as we should on building solid relationships and nurturing those relationships, we miss what’s really missing in the room!”*

Much of public health work is driven by a constant sense of urgency—fueled even further by short-term grants with tight turnarounds (see “Funding for sustainable partnerships: Investing in time” below for more on this topic)—that forces the field to rush through some of the most important things, like relationship building, because they are not measurable or there is no line item for them in the grant (see “Rethinking Evaluation to Measure Impacts of Transformative Partnerships” below). But as the conversations in this fourth virtual convening made clear, relationship-building may in fact be the most important factor in establishing and maintaining meaningful partnerships and community engagement, and it should be prioritized as such.

### ***Ensuring community ownership from the beginning***

Ensuring community ownership from the start is another essential first step in establishing partnerships for public health. In the plenary chat, one summit attendee explained how collaborations fail when the affected community is not engaged from the start or, in some cases, at any point in the life of a project:

*“I’ve seen projects come and go, short-lived, a slow death as they were being built, unsustainable—and they were built without ever asking the community what it is the people want. They never asked if this is what they want for themselves, the people who live there and find community there.”*

A breakout group participant also highlighted the value of identifying the right communication channels before you attempt to engage with a new community:

*“Figure out what the channels are. You might know the population that you seek to speak to...but how does the community receive information best? Where are they located? Where are they showing up? ... Don’t beat your head against the wall trying to get messages out when you’re doing it through the wrong channels.... One of the first things you have to do is figure out how people get information so you can appropriately drive that information to the source.”*

In a breakout group session, a participant laid out how community ownership from the beginning is essential to demonstrate respect in potential partnerships and to build the trust needed for meaningful engagement. Public health workers need to approach communities they wish to work with as equal partners, with humility. Regardless of how many degrees they have, public health workers have much to learn.

*“Build a base of community ownership. The community has to own the issue and the solution.... If you don't have them own it, you aren't respecting them at all. They are used to people flying in and out with the problem of the week, which is why they don't trust the public health community.... Use local experience for seeking solutions and decision-making. More than asking what they want, ask them what the issue really is. We don't give communities enough credit. It's really asking the question and understanding the history, systems and operational techniques of the community. If you can't go and understand what's been going on in the community for 60 years don't bother, because the history is critically important.... Know what has worked in the past and what has not.”*

Consistency of commitment was another recurring theme in this fourth virtual convening. As the above quote explained, communities have come to expect only short-lived interest from public health based on past experiences. Convincing them otherwise will take deliberate and demonstrated effort on the part of public health.

### **Meet people where their needs are**

Examples provided by speakers and summit participants demonstrated that an effective way to get started with community engagement is meeting people where their needs are to begin building trust. As Jackie Qataliña Schaeffer, community development manager of the Alaska Native Tribal Health Consortium put it in a Spotlight presentation on an innovative sanitation project in rural Alaska: *“The biggest success is building relationships, meeting people where they're at.”*

In one of the panels, speakers explained how their organizations earned legitimacy among migrant farmworkers to conduct regular COVID-19 surveillance testing by providing supplies such as personal protective equipment (PPE) and household cleaning products, as well as other resources:

*“One of the other things our partners did was provide dinner so people would come test. They provided dinner—not just as an incentive but really as a resource. A lot of our farmworkers, they come home tired, exhausted from working a very long day. So testing after they come home from work and getting that plate of dinner to take home was a tremendous resource for them.”*

**ESMERALDA GARZA**, BA, SENIOR ADMINISTRATIVE SERVICES ANALYST,  
COVID INFECTION CONTROL, YOLO COUNTY PUBLIC HEALTH DEPARTMENT

By providing useful resources and showing that consistency of commitment, being there week after week, the partner organizations slowly began to gain the farmworkers' trust.

Another illustrative example came from one of the breakout groups, where a participant described how working with community leaders to meet the public's health needs also served to empower them as public health advocates:

*“I knew the people who were civically engaged and already doing some of the trusted voices work—not necessarily around COVID but around health crises that have impacted the African-American community.... I've worked with barbers in the community, leveraging the trust of the barbers to provide PPE and hand sanitizer...providing masks for free.... It also gave them an opportunity to be on the front lines in another kind of way and impact change in their communities.... For us it wasn't doing things that required a whole lot of knowledge but meeting the people where their needs were.”*

This participant went on to describe how the partnership with barbers in the African-American community grew on its own to address social determinants of health (SDOH):

*“If we look at SDOH disparities, there are layers upon layers in the same area... If the children don't have masks they get turned away, and these children are the ones that can't miss school because they are already suffering from lack of so much of everything. The barber took the supplies we gave her and outfitted the bus depot to supply masks for children going to school.... It's very grassroots: empowering our community partners who we knew had reach in the community and giving them the ability plus a stipend to do it was incredible.”*

The last part of that quote is also deeply important: valuing community partners and compensating them for their time is also essential to demonstrating respect and treating partners as equals.

### **Flexible, long-term investments given directly to community-based organizations**

Another important best practice the fourth convening shined a light on is the need for flexibility in funding, long-term investments and giving money directly to the community-based organizations (CBOs) who are doing the work. Indeed, the top result in the first poll shared above on the biggest challenge to establishing cross-sector partnerships was lack of flexible funding, which received nearly twice as many votes (36 percent of total votes) as the second choice (which received 20 percent).

In multiple breakout groups, participants emphasized there needs to be less strings attached to funding streams:

- *“Fund WITHOUT the barriers and criteria that have kept them from the actions they need to take. A reconsideration of what is really important is needed.... Let's not give communities an 'allowance,' then tell them what to do. They should drive the investment's path.”*
- *“Equity = creating opportunities for all orgs where they are. Not all CBOs have the capacity for intricate grant applications.” / “Yes. This is a key issue in both collaboration participation and receiving grants and other resources.”*

Funding also needs to be long term if funders want to see real impact. One of the plenary panelists described how organizations can attract more stable funding by working in collaboration instead of competing. She also highlighted how short-term funding cycles all but negate the possibility of meaningful partnerships with affected communities:

*“Several years ago, we decided particularly in the youth homelessness space that we would collaborate instead of compete. This has led to many larger collaborative, long-term grants, as opposed to one-year and one-off opportunities. And ramping up and ramping down programs is one way that we have lost trust with community because they don't know when and where programs will be available and whether or not they'll be consistently effective.”*

**ROBYNNE ROSE-HAYMER, MA, DEPUTY CHIEF PROGRAM OFFICER,  
SACRAMENTO LGBT COMMUNITY CENTER**

Finally, the funding needs to go directly to the community organizations that are already doing the work, to acknowledge their value in meeting community needs and to respect the essential roles they play as partners with governmental public health. As one breakout group participant explained:

*“CBOs really rose to the challenge and met a lot of the community needs. What that reinforces is they're already doing a lot of that work, and they are doing it with no resources or on shoestring budgets. We're **recommending** they really get funded to do the work as vital partners with governmental public health.... CBOs stepped up on housing, food insecurity, contact tracing and vaccination in ways that were essential to communities during COVID, but they are also doing this day in and day out.”*

## GUIDING LIGHTS

Resource on investing directly in CBOs: [How California's Community-Based Organizations Filled the Gaps for Underserved Communities](#)

### Ways public health and business can support each other

Two of the polls taken during the plenary pointed to best practices (and the need for them) in building and strengthening partnerships between business and public health. One poll asked attendees with whom they partner the most, and local businesses received the lowest proportion of votes (21 percent) of any of the provided choices.

The term “community partners” can mean different things to different people. With which of the following groups do you partner the most? Choose all that apply.	% of total responses
Nonprofit health and/or social service agencies	64%
Grassroots organizations such as neighborhood associations or community organizing groups	39%
Representatives of other government sectors, such as education or housing agencies	37%
Faith-based institutions or groups	33%
Local policy makers, including elected officials	26%
Individual community residents	23%
<b>Local businesses</b>	<b>21%</b>
(All of the above*)	18%
Other	3%

\*This was not provided as an answer choice in the poll, but due to technical difficulties attendees had to respond to the poll in the chat, and 18% of them wrote in “All of the above.”

One of the plenary speakers, however, urged summit attendees to recognize that building partnerships between business and public health is actually not that difficult. The pandemic has certainly demonstrated this. Stephen Massey, of the Health Action Alliance, emphasized positive framing is important to enable both sides to see partnerships as natural and achievable.

Similarly, another panelist explained that public health should approach businesses as it approaches any community partner: with humility and flexibility. In one of the breakout groups, participants were asked what public health’s first step toward establishing relationships with businesses should be. The overwhelming response—echoed by five people in the breakout group—was, “Just reach out.” As one person put it, “Ask for a meeting, and then the next one.”

In the plenary session, another panelist referred to the notion of seeking transformative partnerships rather than transactional ones when she shared advice she had received from a colleague in business:

*“A business partner told me once not to ‘come to me with an ask for money or resources because I’m business. Come to me and tell me, what do I bring to the table? What do you bring to the table? How can we help each other? And continue with that same mindset as we move forward.’”*

**ANA NOVAIS, MA, ACTING SECRETARY, RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

A later poll asked participants what actions their public health organizations have taken to build or strengthen partnerships with business. The top results were (60 percent) “established relationships to identify collaboration areas” and (59 percent) “promoted public health messaging in partnership with business, health care and community organizations.”

How has your organization taken action to build or strengthen partnerships between business and public health? Select your top three.	% of total responses
<b>Established relationships to identify collaboration areas</b>	<b>60%</b>
<b>Promoted public health messaging in partnership with business, health care and community organizations</b>	<b>59%</b>
Identified specific team members responsible for cultivating these partnerships	40%
Created a specific community health project that brought together business and public health	39%
Brought together business and public health leaders to advocate for community health needs	34%
Encouraged a local safety/health council or chamber of commerce to identify shared needs, opportunities and existing resources	15%
Other (enter your response in the chat)	3%

These results show that summit attendees have used a variety of approaches to partner with business, as all but one of the provided choices received votes from more than a third of the respondents. However, there is still much to learn from the discussions in this fourth summit.

### **What public health can learn from business**

Throughout the summit, speakers and participants shared a variety of ways public health can learn from business. These include tactical approaches, such as emergency preparedness planning and exercises, as well as broader capacities like flexibility and the ability to adapt.

Breakout group participants described how engaging in emergency preparedness planning and exercises were incredibly useful to establish relationships and muscle memory that could be activated quickly when the time came:

- *“It seems that companies that engaged in preparedness planning or emergency planning scenarios internally fared better in the early days of the pandemic because there was muscle memory and clear roles and responsibilities already identified within the company.”*
- *“The pandemic supply chain network...was founded in 2015 in response to the supply chain challenges we saw with the Ebola crisis in West Africa. We had been working on these issues in terms of pandemic-related supply chain challenges and how to mitigate those challenges...for many years prior to this pandemic. So that was a warm relationship we were able to activate and was ultimately leveraged in different ways through other partnerships that spun from that.”*

Additionally, breakout group participants expressed some admiration for how flexible and adaptable businesses can be compared to public health. During the pandemic it was demonstrated that public health can be much more agile than usual, so the question emerged of how to maintain that flexibility in nonemergency times.

- *“One thing that worked well during the pandemic was the ability to fast-track things that would normally take months/years to get moving.... You could fast-track things that were...on the radar but so far down the road from a funding perspective. Otherwise it was difficult to get moving.”*

- *"I wanted to put in a plug for predicting the unpredictable and being flexible enough to respond when things rapidly change and we receive new information that takes things in a different direction. We've seen a lot of that in COVID. We saw a great deal of it in Zika.... When we think about the future of public/private partnerships in the context of pandemics, how can we all position ourselves to be flexible and nimble so we can tap into all of these infrastructures to immediately begin that complex public health problem-solving we've seen so much in COVID?"*

While businesses may have more flexibility and ability to adapt due to their different accountability structures (i.e., not being a part of government), business partners shared they would like to see that flexibility from public health, too, to be able to work together well in the future.

### **Ways public health can support business**

During the pandemic, governments quickly recognized that the purest public health approach to limiting the spread of the virus—i.e., shutting down all businesses and everyone staying home—was not a long-term solution. Public health realized it needs to support businesses so they can serve communities as safely as possible, and those partnerships succeeded in keeping some businesses afloat while still protecting the community.

*"When COVID first started, the advice was everyone should just stay in their homes and not go out.... We had some real good discussions about, 'well, okay, that works from a pure public health policy standpoint, but what community would we have left after COVID if we did that?' ... And so we took the approach of saying...let's provide support for those businesses so they can provide their services as safely as possible to our community members. So we provided...grants to businesses to put PPE in place, to do training for their staff, to make sure they were invoking the safest possible business practices that we could envision and support."*

**MIKE WEBB**, MPA, CITY MANAGER, CITY OF DAVIS, CALIFORNIA

Another panelist pointed out how connecting with public health can help business leaders more broadly, beyond the pandemic. By explaining the social determinants of health in a way that makes sense to business, public health can provide guidance to better support their employees' health and lower health care costs:

*"I really encourage business leaders to understand the current state of health in the communities where you operate and where your employees live. Businesses spend a lot of money on health and health care for their workers, but it turns out that a large portion of employees' health and wellness isn't determined just by the health benefits you offer but it's actually determined by the community in which those employees live and work. So understand what are some of the critical needs in your community and reach out to your local public health officials who are actively tackling systemic issues and are willing partners. It's also important to connect your company's corporate social responsibility efforts to your community health needs. Your public health department and public health leaders can help you identify areas where those types of investments can really be maximized."*

**STEPHEN MASSEY**, MIA, METEORITE AND HEALTH ACTION ALLIANCE

He went on to explain the importance of speaking the language of business (explored further below under "Co-creation: Learning each other's languages") to frame public health in a way that makes sense to them:

*"Businesses right now are really struggling to hire, retain, recruit workers. That's the language of business. And if public health leaders can come to business with solutions that will help businesses have healthier, happier workers, you will be speaking a language that will really land favorably for business."*

## GUIDING LIGHTS

### Resources to make the public health case to business (and vice versa):

- [Community Health and Economic Prosperity: Engaging businesses as stewards and stakeholders—A Report of the Surgeon General](#) and [press release](#)
- [Learning from COVID-19: Reimagining public-private partnerships in public health](#)
- [Seven Ways Businesses Can Align with Public Health for Bold Action and Innovation](#) lists specific actions businesses can take the lead on to improve their communities' health and well-being
- [Rhode Island's Health Equity Zones: Working together to build healthy, prosperous, resilient communities](#) emphasizes the interconnectedness of public health and business

### Understanding the science of coalitions

One of the breakout groups following the fourth summit focused exclusively on coalitions. They talked about “*highlighting the impact of coalitions and the breadth of what coalitions can do. Looking at the science of coalition building.*” Overall, they determined what’s needed is a deeper understanding of “*the science of coalitions: how do we inform the field on what is needed to actually do this?*”

Participants discussed the skill sets needed to help coalitions succeed. A key skill they identified is “bridging,” or the ability to build relationships between dissimilar people or groups. They also discussed the need to change power dynamics by defining roles and responsibilities for organizations within the coalition based on strengths, not size:

- *“What is the one overriding thing that you need for a successful coalition? You need a champion (or multiple) that can build relationships with people. We need to provide a framework for people to be successful at building relationships with dissimilar people. There’s some good processes on how to train people to do it. It’s not always an easy task, but we run the risk of failing if we don’t grapple with some of these skills.”*
- *“We need skill sets. Some are born with the ability to bridge different groups. They may not have a PhD or a masters, so they don’t get awarded for those assets. How do we award that? ... We have to shift the mentality about those kinds of skill sets.”*
- *“Someone has to take on the administrative stuff. What I’ve experienced is this often ends up falling on the larger organization; by default they become the leader of the coalition. How to shift those dynamics? Who has the ability to pay people? Who will be the pass-thru? This changes the dynamics of the coalition since someone is seen as leading the charge.”*

A common concern was the need for more flexibility in funding structures or more designated funding to support coalition work. One participant suggested treating coalitions as funding intermediaries:

- *“One way it [conveying the essential value of community coalitions] can be done is by making it a priority to make resources available to community coalitions. All too often, there’s no grant for community networks... Grants require a certain kind of infrastructure community coalitions can’t support. This is something government, philanthropy, other funders can support: making sure there’s support to organize at the local level.”*
- *“There is value in not only funding the community collaborative (as public health infrastructure), but also there can be value in passing some funding for joint public health efforts through the collaborative (treat them as an intermediary) rather than through the public health agency.”*

Participants also discussed challenges in sustaining coalitions, especially when funding ends or a goal is achieved:

- *“Keeping the work going is challenging.... What happens to the coalition when the funding goes away or the focus changes? My experience is coalitions are most effective when there’s a goal in mind. Sometimes it’s hard to keep them going once a goal is achieved.”*
- *“That question of what happens to the coalition when the temporary funding ends is part of what led RWJF [Robert Wood Johnson Foundation] to dive into questions about sustainably aligning systems and organizations and people—and led us and GHPC [Georgia Health Policy Center] and others to create the [Align for Health framework](#).”*

## GUIDING LIGHTS

### **Resources for cross-sector partnerships:**

- The Robert Wood Johnson Foundation's (RWJF) [Align for Health framework](#)
- A journal article based on RWJF's work: [Community Voice in Cross-Sector Alignment: Concepts and strategies from a scoping review of the health collaboration literature](#)
- [Power Prism](#)—skill mapping for coalitions
- American Institutes for Research (AIR) [Aligning Systems with Communities to Advance Equity through Shared Measurement](#) outlines five guiding principles for successful, sustainable co-creation in cross-sector partnerships to advance health equity

## CAMERA:

# Refocusing and Reframing Skills and Strategies for Transformative Partnerships

### CAMERA

- Earning Trust

Shifting Power Dynamics

Co-creation

Shining a light on the best practices and lessons learned from partnerships during the pandemic reveals how integral transformative partnerships and community engagement are to public health achieving its mission, in good times and bad. The next step is to dig deeper into the mechanics of transformative relationship-building. Refocusing and reframing public health's approach to partnerships through the lenses of health equity and racial justice will ensure public health partnerships moving forward are deeply rooted in public health's values. This can be achieved by framing the field's approach to relationship-building through the fundamental values of active and ongoing trust-building, shifting power dynamics and co-creation.

### Earning Trust

The first poll presented above showed that 20 percent of respondents identified the biggest challenge to establishing cross-sector partnerships as "Difficulty establishing mutual trust among potential partners." As one summit attendee noted in the chat, there is no shortcut to earning trust:

*"Trust is not effected by those self-prescribed as powerful saying 'trust me' to those seen as powerless. +1 to humility."*

Earning the trust of potential partners involves painstaking, even painful, work that requires digging deep to understand and uproot personal and institutional biases so public health can meet potential partners as equals and hold itself accountable for maintaining their trust and respect.

### Uprooting structural racism in public health

The first step to uprooting personal and institutional biases that prevent meaningful partnerships is getting everyone on the same page when it comes to understanding structural racism in public health. One breakout group participant explained how, even though their state had declared racism a public health crisis, that did not mean the health department was ready to address it:

*"Internally, there is a lot of discomfort, and we are not all at the same place.... As an organization, we are now working to get everyone on the same page in terms of anti-racism and applying it to our work."*

Uprooting structural racism in public health has been a recurring theme across all four summits. Readers are encouraged to review the [summit 2](#) report for discussions on institutionalized racism in public health “Centering Equity in Data Systems Design and Governance” and “Needed Transformations in Public Health Education, Training and Communication.” Additionally, the [summit 3](#) report contains many relevant discussions including “Addressing structural racism is a precondition for equitable, inclusive public health governance” and a collection of resources and tools.

In this fourth virtual convening, speakers and participants discussed the imperative for public health to invest time and energy in confronting truths that will be uncomfortable and working through them to move toward repair and healing, which will lay a powerful foundation for relationships rooted in trust and respect. When a panelist stated in the plenary, “*It’s gonna hurt, and it’s gonna take time. Period,*” a summit attendee responded in the chat with: “*Amen.... It will hurt, but sometimes hurting is a part of the path of healing.*” The panelist went on to explain how the partners went about building trust by unpacking and unlearning biases together in a supportive environment:

*“It started with truth-telling. And the need to have open and honest conversations and to understand this work is going to hurt. You are going to have to confront some things in your life no matter where you sit. You’re going to have to undo some learning and undo some thought processes in order to be able to address health equity in the way it needs to be addressed.... We took time to learn about each other’s upbringing. We took time to...to stop and unpack [a derogatory term someone used]... We had to create an environment where it’s okay to make a mistake knowing that you’ll be corrected in, I’ll say, love and grace because that’s really the environment Pastor George cultivated for us to be able to do.”*

**KELLY WOFFORD, MS, DIRECTOR, OFFICE OF HEALTH EQUITY, ERIE COUNTY DEPARTMENT OF HEALTH**

Another summit attendee reflected on this comment in the chat: “*good reminder that you can’t be conflict avoidant if you are also anti-racist.*” Summit presenters and participants in this fourth virtual convening reinforced the adage that the only way out is through. A long history of ignoring the presence and existence of systemic racism is partly responsible for the devastating health inequities that persist to this day. It is time for public health to face racism head-on.

In the same panel discussion, Pastor Nicholas emphasized the need to be very explicit with potential partners that racism is the cause of these health inequities and leave room for no equivocation, no debate:

*“We were from day one very clear about the issue of race, racism, anti-blackness, white supremacy, whatever term we want to use—we are very clear about those issues and how they drive some of these poor outcomes in the Black community. We don’t have a debate whether or not racism is a factor.... We have to speak to those things in a very clear, unambiguous way so we can really begin to do the work. We got rid of all the eggshell-type conversations really early.”*

**PASTOR GEORGE NICHOLAS, MDIV, BUFFALO CENTER FOR HEALTH EQUITY**

One of the breakout group sessions following the fourth summit also pointed out the importance of recognizing when there has been harm in a community with which public health wants to partner. Beyond truth-telling, the next steps in trust-building require repair and healing. Breakout group participants enthusiastically agreed with the following comment from one of their colleagues:

*“Resist the urge to rush to ‘healing.’ We cannot heal until we have spoken the truth and made room for repair.”*

## GUIDING LIGHTS

### Resources for truth, repair and healing on racism in public health:

- “NYC created a toolkit ([Race to Justice Action Kit](#)) to help other agencies and organizations reflect internally and make anti-racist actions.”
- APHA [Healing Through Policy](#) uses a guiding framework: “The [Truth, Racial Healing & Transformation Implementation Guidebook](#) is a comprehensive, national, and community-based process to plan for and bring about transformational and sustainable change, and to address the historic and contemporary effects of racism.”
- APHA Healing through Policy [Racial Healing and Relationship Building Policy and Practice Brief](#)

### Practicing humility and listening

A common refrain across this entire summit series was that public health needs to practice humility and listen more (see the [summit 2](#) report, for example).

*“Authentic commitment to change involves the notion of humility and flexibility. We all go into things thinking that we know what the answer is, and we all need—all of us—need to be able to listen, stop for a second, reflect and perhaps change direction in the way we’re thinking about things.”*

EDUARDO SANCHEZ, MD, MPH, FAAFP, CHIEF MEDICAL OFFICER, AMERICAN HEART ASSOCIATION

Each summit report has nodded to the fact that the professionalization of the public health field over the last few decades has perhaps given public health a bit of an ego problem. Many participants discussed how this is not helpful when it comes to engaging community partners in meaningful, transformative relationships to advance health equity. In the closing session of the plenary, Dr. Sanchez reflected on this recurring theme of humility and listening:

*“I loved how almost every panel talked about how we need to listen and listen to that wisdom that comes from our communities.”*

The responses to questions posed in the chat throughout this fourth virtual convening demonstrated that summit attendees took to heart the importance of humility and listening for building trust for transformative partnerships. One question about how attendees have “meaningfully engaged the people most impacted by the issue you are addressing” revealed key themes of humility and compassion with responses including: “Compassion, caring, collaborating;” “Empathy, kindness, listening;” and “Being compassionate, kind and listening is huge.”

Another chat question asked attendees, “What is one tangible action that you plan to take based on what you heard in today’s summit?” The responses show the message of listening and humility was well received:

- “Seek first to understand.”
- “Listen more often to understand better.”
- “Do a critical assessment about how I (personally) LISTEN as well as how my organization LISTENS. Do I/we do it well? How do we do it? How do we know I/we are listening well? How do we know the people who we are listening to feel heard?”
- “Appreciating different types of EXPERTISE is necessary for LISTENING. A posture of humility and a commitment to enduring relationships is vital.”

### Ensuring accountability

Accountability is another important strategy in building trust for transformative partnerships. Truth-telling and acknowledging historical harms in order to repair and heal, as described above, is one key element of accountability. Another way to practice accountability is by demonstrating consistency

of commitment. As several speakers and participants described, such consistency has historically been a challenge for public health and academia, particularly due to the short-term grant funding structure that drives much of public health work.

Accountability requires public health holding itself accountable, in all of its partnerships. Breakout group participants explained the science of accountability has not yet crystallized, but elevating the role of community partners will be key:

- *“Look internally to ensure accountability in our own institutions.... How to build capacity for community engagement and partnership?”*
- *“I think there’s also importance in the accountability on the side of public health departments/federal agencies to take into account the community leadership. Advisement is often overlooked. Community needs the decision-making power whenever possible.”*

Another aspect of accountability discussed in this fourth virtual convening was holding external partners accountable. In the plenary chat, one attendee described the inherent challenges in holding partners accountable while maintaining trust: *“Accountability is a tricky issue! How do we hold partners accountable without crossing a line or strong-holding, and without breaking down partnerships?”* Pastor Nicholas provided an answer in his plenary comments when he described how—while every partner is seen as an equal—their contributions to the work need to be equitable:

*“A lot of it is leadership. It’s about creating spaces that dismantle some of these traditional understandings. For example, just because you have money or you represent a corporation or you represent an institution or a funder doesn’t necessarily mean that you are more important at this table than the block club leader.... So while a block club leader and a head of a foundation can be around the same table, the expectation of contribution to the cause is not the same. If you have access to resources and ways in which we can influence this problem, we have an expectation that not only do you come and be present but you are willing to go into the places where you serve and work and bring those resources into this space—not to wield power but because you’re really committed to seeing the solution.”*

The themes of elevating the role of community partners and holding partners accountable for contributing proportionate resources point to the next key strategy for transformative partnerships for health equity: changing the power dynamics of partnerships.

## Shifting Power Dynamics

The second poll taken during the fourth summit plenary asked attendees, “Where do most of your current community engagement efforts fall on the spectrum of community collaboration?” The top result showed that 30 percent of respondents feel they are at the “Collaborate” level on the [Spectrum of Community Engagement to Ownership](#) (second-highest level in the continuum, below “Defer to”).

Where do most of your current community engagement efforts fall on the spectrum of community collaboration? (Select one.)	% of total responses
Ignore—community does not have access to decision-making processes	2%
Inform—provide information on decision or plans to community	15%
Consult—obtain public feedback/gather input from community on decisions or plans proposed	20%
Involve—work directly with the public to ensure needs, assets and aspirations are integrated into process and inform planning	19%
<b>Collaborate—ensure community capacity to play leadership role in each stage of decision-making, including identification of priorities and solutions</b>	<b>30%</b>
Defer to—employ community-owned decision-making by final decision-making in the hands of the public	2%
Not currently working with community	9%
N/A	3%

However, as one summit attendee commented in the chat (and several others agreed), this self-assessment may be more flattering than realistic:

*“I think many government agencies think of themselves/ourselves as being much further along the spectrum of engagement than the communities being engaged would determine to be the reality.”*

Throughout the fourth virtual convening, presenters and participants agreed that a key skill for transformative partnerships in public health is learning how to share power. This was revealed in the poll that asked attendees to identify the biggest challenge to establishing cross-sector partnerships: one of the top three priorities was “Difficulty managing power imbalances among partners.” As a summit speaker pointed out, shifting power dynamics is fundamental to achieving health equity and racial justice. The field needs to accept this and learn how to integrate power-sharing into its practice (see the [summit 1 report](#) for a relevant discussion: “Emphasize community power-building as a core function of public health infrastructure”).

*“While so many orgs and institutions and agencies are growing more comfortable talking about achieving health and racial equity, they’re a lot less clear and comfortable and skilled at talking about the importance of shifting power as a strategy to achieve equity. When I talk about power—who has it, who doesn’t, how it’s wielded and for what purpose—it’s one of the most obvious places where we see racial inequities manifesting.... We talk at Human Impact Partners a lot about creating containers that can hold more transformative relationships, which are really necessary for cross-sector partnerships to shift material conditions, to shift the social, economic, environmental and political conditions that create health.”*

LILI FARHANG, MPH, CO-DIRECTOR, HUMAN IMPACT PARTNERS

Shifting power dynamics in public health partnerships will require refocusing and reframing the field’s approach to community engagement. Three key elements of this refocusing and reframing are taking an asset-based approach, letting go of power and the role of external facilitators.

### Asset-based approach to community partnerships

Taking an asset-based approach to community partnerships is a fundamental paradigm shift required for changing power dynamics in public health partnerships. An asset-based approach to public health partnerships, as opposed to deficit-based, seeks to understand the strengths, assets and expertise a specific community has developed in the face of its unique challenges. Identifying

these assets can inform public health's understanding of the problems the community identifies as priorities as well as the co-creation of solutions, building upon those assets, in equal partnerships with affected communities.

One breakout group participant shared a project that provides an excellent example of an asset-based approach in public health. [Project Re\[Focus\]](#) describes its purpose as “to amplify the collective voice and lived experiences of historically marginalized and disproportionately affected populations.” Project Re[Focus] is “committed to understanding how people find resolve in the face of crises and informing public health interventions that support those outcomes.”

One of the plenary speakers described how his university is undergoing a paradigm shift from seeing community engagement as a “social responsibility” to recognizing community partners for their skills and expertise, seeing them as equal and valued partners:

*“For too long, and certainly in our university, community engagement and partnership with the community has been considered a social responsibility. Now we’re having a paradigm shift, quite frankly, and the university views the community as an asset. As an example, the community leaders and community members are teaching a course in the School of Medicine called ‘Health in the Neighborhood,’ teaching our future health care providers to understand the social determinants of health so...they can see patients in the context that their health problems exist.... It’s really changing how the university views the community.”*

**TIMOTHY MURPHY, MD, DISTINGUISHED PROFESSOR AND DIRECTOR,  
SUNY BUFFALO COMMUNITY HEALTH EQUITY RESEARCH INSTITUTE**

Valuing community partners for their expertise also means demonstrating that their time and contributions are valued through financial compensation. Summit participants pointed out this necessity in comments in the chat and in breakout group discussions:

- *“When we engage the people most impacted by the problem to develop solutions, we need to adequately compensate them for their expertise and time.”*
- *“What does it take to bridge governmental and population-level interventions and policies and practices with community needs? A basic point of entry is thinking about what are we asking of these communities, of the people who serve these communities when we ask them to come to a table? Even if it is a shared table, are we asking them to give time, expertise, to share their experiences in yet another forum? What are the benefits? Just being at the table isn’t necessarily enough to make people feel like they’re treated as equals in that setting... Thinking about the extra burden we place on community members is often an important consideration.”*
- *“I hope we can develop funding plans that elevate the on-the-ground roles by paying better/living wages for the work that is done at that foundational level.”*

### Letting go of power

Once public health learns to refocus and reframe its approach to community partners through an asset-based perspective, it is on track to fundamentally change power dynamics in these relationships. One breakout group participant explained that a first step for public health in shifting power dynamics is to understand and be transparent about what power the field is willing to give up:

*“How do we go from informing the community to...empowerment and shared decision-making and accountability, which has to be based on trust? Starting to really look at what is the power we’re willing to give up and how do we pay the community to be a part of that shared decision-making and power structure... It means systems such as public health letting go of some of their power... Recognizing challenges to building trust and going through the hard work. It takes time to build trust. We talk a lot about progress at the speed of trust.”*

The moderator of the panel on “Meaningful Community Partnerships: Establishing Trust and Sharing Power” Lili Farhang, of Human Impact Partners, pointed out that shifting power dynamics is a higher-level step in the process of uprooting structural racism. She emphasized the information and tools to implement this work exist; what is needed is the willpower.

In a breakout group discussion, one participant echoed this sentiment that public health knows what needs to be done. She recommended what is really needed is a broader change in norms—more of a systems-level approach, rather than focusing on individual steps.

*“We’re looking for some way to have a norm change in the ways we all do business with communities. We all know those steps...things we all have done for a long time about community engagement. What we’re looking for is something larger than those individual steps, so it becomes a normative practice to have communities in the lead of what we do. We give up the egos of our organizations.... It’s a matter of thinking differently, not just putting practices into place.... Trust builds when the community is in charge and driving things, and we feel like we’re not. Philosophically changing the way things are done would be really helpful.”*

Several breakout group participants mentioned [Arnstein’s Ladder of Citizen Participation](#) as a framework for power-sharing in transformative partnerships, which illustrates power-sharing in eight steps over three levels, from manipulation at the lowest rung of nonparticipation up through tokenism to the highest level of citizen control.

#### GUIDING LIGHTS

##### **Frameworks for power-sharing:**

- [Spectrum of Community Engagement to Ownership](#)
- [Arnstein’s Ladder of Citizen Participation](#)

#### **Appreciating the role of external facilitators**

Throughout this summit series, speakers and participants have described the processes of uprooting structural racism and letting go of power as uncomfortable, sticky and even painful for folks in public health. One way to ensure this challenging terrain is navigated successfully is by engaging skilled external facilitators. Skilled facilitators can help an organization or a group of organizations see things from a different perspective, recognize and address internal power dynamics and ensure continued forward movement. Participants referred to these specific assets of external facilitators throughout the fourth summit plenary and breakout groups:

- *“Having facilitators that see their role as helping us all face truths in redemptive ways is what we all need—because we as individuals and as organizations have blind spots in our lives, perspectives, habits—we NEED to look at things together, speak and hear truth from many different perspectives and reimagine and reenvision new paths forward.”*
- *“You might set up community agreements, rules of engagement with someone external. Sometimes you just need someone that is not too close to it to help facilitate some of the work, so you don’t have to focus on power dynamics. A lot of work and policy change has been enabled by our partnerships, external facilitators specifically.”*
- *“A skilled facilitator can take on the responsibility and burden of identifying issues and bridging in the conversation.”*

One plenary speaker summed up the need for, and all too often lack of, facilitators in guiding transformative partnerships:

*“That process of overcoming conflicting goals or lanes work does need facilitation. We’ve found that’s a critical part of the work...getting all around the same table, agreeing to the shared aim...and agreeing to work as a nimble, integrated team with shared measures of progress, and to construct a shared dynamic picture of this complex, shifting problem.... That process of learning to work differently does require some facilitation. And we’ve found that that’s often a missing ingredient.”*

**ROSANNE HAGGERTY, MA, PRESIDENT AND CEO, COMMUNITY SOLUTIONS**

## Co-creation

All of the skills and strategies described above culminate in the process of co-creation. As one panelist explained, it was only once her organization learned to practice humility, listening and intentionality in its partnerships that they could understand how to truly co-create:

*“We had a lot of data about what happened during the pandemic. But it wasn’t until we went out into the community and really listened and paid attention, seeking first to understand, that we can then co-create community solutions ...building on that over time and being patient with what are the solutions, not jumping into solution mode.... It’s not FOR the community, it’s WITH the community.”*

**DEBBIE SALAS-LOPEZ, MD, MPH, SENIOR VICE PRESIDENT, COMMUNITY AND POPULATION HEALTH, NORTHWELL HEALTH**

As Dr. Salas-Lopez stated, in addition to the skills and strategies presented above, co-creation requires a common vision and shared goals. But before partners can develop a shared theory of change, they must first learn to understand and communicate in each other’s languages.

### Learning each other’s language

Developing a shared vision and goals must necessarily be rooted in a shared language. Breakout group participants explained how learning each other’s language is necessary to build relationships with potential partners who may look at the same issue differently:

*“We speak public health, they speak business. And when you start having that conversation without taking the time to build a relationship, learn each other’s languages—and just jump into that relationship, it doesn’t work. So we need to learn how to translate our public health stories and lingo into a language that they understand.... We could not achieve the results we achieved if we didn’t have that relationship and didn’t commit to learn how each other does the business of improving people’s health.”*

Similarly, communicating urgency is a lot more effective when it is framed in a way other fields or organizations can understand. One of the presenters described this skill as translation—explaining the social determinants of health to hospital partners, for example, in terms of dollars or length of stay.

Another panelist explained that understanding each other’s languages was the key mechanism through which a multisectoral partnership to address homelessness was able to establish a shared theory of change.

This concept of learning each other’s languages really resonated with summit attendees, as evidenced by many of the responses to the chat question: “What is one tangible action that you plan to take based on what you heard in today’s summit?”

- *“Try to speak the same language when attempting to change or make a difference in a system.”*
- *“Learn to speak the language of the groups you are working with!”*
- *“Continue working across sectors. Pay attention to speaking the language that resonates with partners.”*

### Shared vision and goals

Once partners have learned to understand each other’s perspectives—and the language through which they are framed—they can more effectively cocreate a shared vision and goals.

Breakout group participants described how the pandemic facilitated co-creation because it forced everyone into a shared sense of urgency, minimizing the usual power struggles inherent to early partnerships and making it easier to identify shared interests and goals.

- *"I think what was really special about the collaboratives that emerged from this pandemic is that there was a lot of selflessness. A lot of times when you're working with other collaborative projects there's always a power struggle, there's a lot of friction and tension. Everybody wants to shine. But throughout this pandemic I've seen a lot of selflessness—just finding common ground, focusing on the goal, sharing resources to be able to maximize impact."*
- *"One of the things we've seen in the COVID pandemic is that it...aligned everybody's goals fairly quickly. We all wanted to do what we could, and a lot of people really jumped in to help with this common goal we all had. So I think that made our jobs around aligning interests a little bit easier than perhaps in some of the other circumstances."*

When it comes to building partnerships outside of pandemics, however, it will require more effort to build a foundation of a shared vision. For this reason, Pastor Nicholas recommended that public health should not discount potential partners because of past inaction or even complicity:

*"Looking at what institutions within our community can have a positive impact upon the health disparities in outreach, who can really play a role? Not being so focused on their past historical inactivity. And not just writing people off because, well, 'they have never done anything in the past'... But coming and giving a clear vision about the current reality of our community, the impact, the suffering, the pain that's existing in their very communities. And the fact that we have a clear vision, a clear pathway on how we address these issues.... We want to get to know you, and we want you to get to know us so we can see whether or not we have a shared vision of creating a new society."*

**PASTOR GEORGE NICHOLAS**, MDIV, BUFFALO CENTER FOR HEALTH EQUITY

Ultimately, shared values can serve as a north star for partnerships, as one panelist put it:

*"Listening and cultivating shared values was really key in terms of the leadership. And while it's easy to say we had shared values, we really had to keep those as our north star while we prioritized what activities we focused on."*

**MELISSA MARSHALL**, MD, CHIEF EXECUTIVE OFFICER, COMMUNICARE HEALTH CENTERS

## ACTION:

# Ensuring Sustainability, Evaluating and Communicating Impact

### ACTION

- Investing in Sustainability through Systems Change

Rethinking Evaluation to Measure Impacts of Transformative Partnerships

Communicating the Value and Impacts of Public Health's Work

Once public health has shined a light on best practices and lessons learned from partnerships during COVID-19 and refocused and reframed its approach to transformative partnerships, it can take action to ensure sustainability, rethink evaluation and communicate effectively about the value and impacts of public health. One breakout group participant described how the Association of State and Territorial Health Officials (ASTHO) sought to understand what success looks like when community-based organizations use the social determinants of health in their work. They found the two areas those organizations were most interested in learning more about were evaluation and sustainability.

These two concepts are in many ways interdependent: evaluation helps determine whether a project is sustainable and what makes it so. But at the same time, how public health frames evaluation—what is worth evaluating and how—determines which projects are seen as sustainable. Moreover, the activities that get evaluated are the impacts that get communicated. Throughout this summit series, speakers and participants made recommendations for improving public health communications to reach and connect with different audiences. To take action to advance health equity through transformative partnerships, public health needs to rethink how it views, values and communicates about sustainability and evaluation.

### Investing in Sustainability through Systems Change

Sustainability is essential to meaningful, lasting change to eliminate health inequities and realize racial justice. As one breakout group participant put it: *"We are at this unique moment in time where we have to leverage what we've learned and make this sustainable."*

Achieving sustainability requires a systems-change approach to public health. In a breakout group discussion on the need for systems change to uproot complex problems, one participant called on Audre Lorde's guidance that "the master's tools will never dismantle the master's house." Similarly, a comment in the plenary chat stated: *"Systems that are in place will continue to produce the same results."*

Some of the key elements to taking a systems-change approach to ensuring sustainability in public health partnerships include moving from rhetoric to action in treating racism as a public health crisis, restructuring funding to invest in the time needed for relationship-building for transformative partnerships and building upon partnerships that were established during COVID-19. Additionally, some participants questioned whether it is time to reevaluate the entire field by revisiting the Turning Point approach that was taken nearly 15 years ago.

## Racism as a public health crisis: From rhetoric to action

A key piece of achieving sustainability in partnerships by taking a systems-change approach is moving from rhetoric to action on the concept of racism as a public health crisis. In the breakout group that focused on this topic, participants discussed the growing number of localities declaring racism a public health crisis. The breakout group was asked, “If a community isn’t ready to make a declaration and then act, what specific steps can they take to get ready?” While acknowledging and naming the crisis is important—part of the truth-telling phase of uprooting structural racism—participants emphasized that action is more important than rhetoric, perhaps especially in parts of the country where such rhetoric will not be well received.

*“Skip the declaration—let’s just work. I believe when we are in positions, even volunteers have levers of influence we can pull within our realms of influence and power.... Even in the absence of declarations, we can do this work. We don’t need permission, just the first step forward from someone that has the will.”*

Breakout group participants described how, in localities that have made declarations and those that have not, action is being taken to address racism as a public health crisis:

- *“New York state has a declaration that went into effect at the end of last year, supported by a whole legislative package that mentions data collection, redefining the definition of a hate crime and planning around improved analysis.”*
- *“In Milwaukee, which declared racism a public health crisis a few years ago, the new strategic plan will be framed in an anti-racism framework.”*
- *“The City of East Point, a community in SW Atlanta with a majority Black population, are [partnered with the Morehouse School of Medicine](#) to examine their policies. They are discussing doing this with an equity lens: who do these policies benefit, who do they impact, are we introducing barriers? This is a way to expand the conversation from rhetoric to action.”*
- *“They have not proclaimed that racism is a public health issue explicitly, but other groups are. In the Bay area, the Black communities have been moving from the high-cost cities into surrounding communities. We have convened Black business owners and Black realtors and developers to discuss how we can create affordable housing within the Bay area. We also will have a state fund that addresses the needs of the Black community.”*

### GUIDING LIGHTS

#### **Resources for addressing racism as a public health crisis:**

- APHA’s [Analysis: Declarations of Racism as a Public Health Crisis](#) (PDF) details steps localities have committed to taking to address racism, and the [Storytelling Map](#) highlights efforts to advance racial equity in six localities
- [Healthy Neighborhood Investments: A policy scan & strategy map](#) centers anti-racism, racial equity in policy making, and cross-sector partnerships and includes recommendations for moving from ideas to policy action
- [STRETCH \(STrategies to Repair Equity and Transform Community Health\) Framework](#) is “designed to guide efforts to create meaningful systems change to achieve health equity by addressing root causes”
- [Addressing Systemic Inequities and Racism in Community-Based Organization Funding](#)

#### **Funding for sustainable partnerships: Investing in time**

In the first poll taken during the plenary, which asked attendees what is the biggest challenge to establishing cross-sector partnerships, two of the most common themes among comments in the chat were resources and time, often both.

Resources	Time	Both time and resources
"Other: lack of dedicated staff/programs"	"Time is a huge challenge too"	"Other: Time and resources"
"Lack of personnel/staff to do the work"	"Time needed to build trusting relationships"	"Challenge is lack of time and money/personnel. We have lots of good partners"
"Inability to retain talent due to funding constraints for the roles"	"Finding the substantial time it takes to develop the relationships"	"Support from leadership, and time for additional duties which cross-sector work frequently falls into"

Systemic and structural change takes time, often a generation or more. The case has been made throughout all four summits in this series that public health funding and investments need to reflect that reality. In this fourth virtual convening, some of these arguments were made in breakout groups and the plenary chat:

- *"In a smaller Virginia city, they wanted to center equity and structural racism. Their agencies met once a week on the regular. They were already connected, responding to community and blending funding. The community wanted to focus on equity and on health. They utilized a comprehensive plan—generally, these are 20 years out. A change like this is a generational change. Change takes time, convincing folks to do things, trust, relationship-building takes time."*
- *"We need funding partners that recognize the need for funding incremental work over a long period of time... using collective impact models."*
- *"Short-term projects are both a funding issue and partnership issue. Funders should acknowledge these issues take time to address using a community partnership model. Also, partnerships should be established to address systems and policy issues for multiple determinants of health."*

One of the plenary speakers at the fourth summit explained how a multisector partnership to address homelessness required a slow start, but that allowed them to move faster later:

*"I'll just speak to the relationship of time and trust. I think we're going faster because we went slower at the beginning, to understand these were two cultures that needed to learn how to work together differently... As the result of this initiative, there'll be important groundwork gain that can benefit the whole health care sector and how they can show up in their communities as a close and effective partner to those groups working on responding to homelessness."*

ROSANNE HAGGERTY, MA, COMMUNITY SOLUTIONS

### Building upon partnerships established during COVID-19

Throughout the fourth virtual convening, summit speakers and attendees emphasized the need to maintain relationships that have been cultivated during the pandemic:

- *"I really hope we see as an outcome from the past two years in building these frameworks that we are able to sustain them, because we've built a lot of trust and invested a lot of time and resources to have the right stakeholder relationships. It would be a real shame to lose that. The urgency devolving into amnesia! ... And then have to rebuild every time there's crisis. We need to find a way to sustain those platforms and partnerships in perpetuity."*
- *"Something should be said about returning to normal—and I think it's fully important that we create a new normal—move forward on the new relationships that have been established and continue those relationships over time, so we don't have to rebuild that trust from the beginning in the moment of crisis."*

One breakout group participant pointed out there will be a post-pandemic need for repairing relationships between public health and small local businesses that may have frayed during the pandemic:

*“For a lot of small businesses there has been some damage done. In some cases, from what we’re hearing from local health departments, there’s going to be some relationship building again that they are going to have to do in the business community, just because of the nature of the pandemic response. We have to acknowledge that economically there were pretty serious consequences for businesses having to shut down. We have seen businesses go out. So how do we engage folks in general in terms of repairing relationships but in the overall recovery as we move out of the pandemic into a more endemic situation?”*

Additionally, maintaining partnerships with marginalized communities that were forged during COVID-19 will be absolutely essential in advancing racial justice and health equity work. One breakout group participant explained:

*“In response to COVID-19 we set up a task force to represent underrepresented communities in our county and address health inequities. The partnerships that came as a result of these efforts really brought light to the problem of racism in public health specifically. If you are underserved by governments, you’re probably not looking to partner with governments. Partnership serves as the bridge to the community. Maintaining these relationships past the emergency response will help us perpetuate the work.”*

A specific ask from business to public health during the fourth summit came from a representative of pharmacies. She explained how important it was for pharmacies that public health granted them emergency authorities during the pandemic and expressed her hope that pharmacies could maintain these authorities to continue to fill public health gaps beyond the pandemic:

*“The public health system granted pharmacists authorities that we desperately needed and that we desperately need to maintain once the public health emergency is over.... One of the things we learned was pharmacy was able to provide accessible care and close some gaps when other providers were overrun or, due to rural nature, a lack of access existed. We have other public health crises that were here before COVID and will continue to be here.... If given the proper allowances, those same pharmacies and pharmacists that stepped up during this crisis can fill some of those gaps.... Pharmacies are excited to do that if given the opportunity.”*

Breakout group participants also discussed ways to ensure continuation and normalization of partnerships between public health and business beyond COVID-19. Suggestions included engaging business in planning activities like Community Health Assessments (CHA), Community Health Improvement Plans (CHIP) or Mobilizing for Action through Planning and Partnerships (MAPP) and normalizing partnerships around routine vaccinations:

- *“Beyond COVID-19, there are opportunities for business and public health to work together around vaccinations.... Unfortunately, vaccinations have become a political issue.... We see that eroding trust in vaccinations.... For the health of employees, for the health of communities, being able to step into that gap, provide trusted information from businesses and from public health organizations coming together to educate people...understand their concerns and also address those concerns about vaccinations—it’s a real opportunity for partnerships to build off of COVID, because so many businesses have been involved in ensuring their team members can get COVID vaccinations. Whether it’s related to annual flu vaccinations or childhood vaccinations, there is a lot of opportunity there.”*
- *“Making sure we fully engage the business community around all health issues within the community—the key place for us has been involvement within the CHA and the CHIP process. We have our MAPP framework. We’re working on rolling out a new version that will also place health equity at the center. It’s going to be important for us to connect with the business community. As folks are moving forward and getting back into a more normal rhythm...how is business engaged/sitting at the table? How are they contributing to the plan? What steps are they taking to make this a healthier community? It’s a two-way street...that benefits both of us at the table plus the larger communities.”*

Other potential areas for future partnerships between business and public health were revealed when breakout group participants were asked, “What are some of the key employee health issues that your company is prioritizing looking ahead?” Seven participants agreed mental health is their

number-one priority, and at least three others agreed caregiver support is another. These are potential avenues for future partnerships between business and public health that both sectors can take the co-lead on.

### Turning Point 2.0?

A common refrain throughout this fourth virtual convening especially was, “We cannot go back to ‘normal.’” As one breakout group participant put it during a discussion of health inequities among African Americans that preceded the pandemic:

*“Never again will we allow this to happen to us. Everybody’s talking about, ‘let’s go back to normal.’ We died in normal. We don’t want to go back to that.”*

A plenary speaker also emphasized that the work is not done:

*“The work is not done.... We are so quickly moving that we are done with the pandemic, but we are not done with recovery. All of the social and core root causes of inequalities that were exacerbated by the pandemic, they are still here. We did not resolve them.... So one of the commitments we are taking here in Rhode Island is having conversations now, the same approach we had on the whole of government and all integrated approach for the recovery efforts.... What did we learn from these past months, the new tools, new approaches that we want to continue to be in place? It’s forcing ourselves not to be quick to go back to business as normal but to learn from this pandemic and engage with each other in those conversations.”*

ANA NOVAIS, MA, RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Some participants discussed the potential need for a Turning Point 2.0. For those who are unfamiliar, Turning Point (1.0) was a response to a 1988 report from the Institute of Medicine (IOM), [The Future of Public Health](#). Turning Point described that report as stating:

*“By 1988, the nation had lost sight of its public health goals, and allowed public health to fall into disarray, according to The Future of Public Health. The report noted that America’s public health system was expected to do too much with too few resources. It also stated that capabilities for effective public health actions were inadequate, and the health of the public was ‘unnecessarily threatened as a result.’”*

[Turning Point \[1.0\]: Collaborating for a new century in public health](#) aimed to address the challenges identified by the 1988 IOM report. It was a national program of the Robert Wood Johnson Foundation (RWJF) and the W.K. Kellogg Foundation, and its mission was to “transform and strengthen the public health system in the United States to make the system more effective, more community-based and more collaborative.” The program supported 22 states and 41 local communities in those states as well as five National Excellence Collaboratives, and the report came out in 2008.

In this fourth virtual convening of the *Lights, Camera, Action: The Future of Public Health National Summit Series*, participants suggested the time may have come for a Turning Point 2.0:

- *“Collaborative work is not new. It’s time to go big and not treat it like a nascent field. Therefore, public-funder relationships seem apt. One of the things that can help funders collaborate, it’s knowing what will happen next, pathways in the government. Some of this is about skills and capability as well. What about a Turning Point 2.0?”*
- *“Since we have guidance that defines the capabilities that community coalitions should have, what about putting in place a Turning Point 2.0 (led by CDC Foundation and a coalition of funders) to help communities and regions build public health-associated coalition capacity?”*

## ACTION

Investing in Sustainability  
through Systems Change

### ● Rethinking Evaluation to Measure Impacts of Transformative Partnerships

Communicating the Value  
and Impacts of Public  
Health's Work

## Rethinking Evaluation to Measure Impacts of Transformative Partnerships

Throughout all four of the virtual convenings in this summit series, participants spoke to the need to rethink evaluation. In the third summit, for example, one attendee put it well:

*“We have to be careful about what we mean when we say evaluation, because we only evaluate things we value—usually big things, like RCTs [randomized controlled trials]. But a lot of evidence-based practices on the ground don't have a lot of uptake because people don't trust the systems. Some of the things that really move the needle are not necessarily the things we're looking at... Often logic models and evaluation metrics are set by funders, without conversation with service providers or those closest to the impact. We need to ask better questions (e.g., what the community wants vs. what the funder is asking for).”*

Because this fourth summit focused specifically on partnerships and community engagement, the last part of that quotation resonates most for this summit. The field needs to reconsider what is needed for evaluating the impact of partnerships, particularly transformative partnerships. Throughout the fourth summit, speakers and attendees offered suggestions including effective tools for impact evaluation, restructuring funding to have more realistic expectations and using partner-defined metrics.

As one breakout group participant in this fourth virtual convening put it, “Radical rethinking here is needed.” The summary below captures some of the key elements for that radical rethinking.

### Identifying tools for effective impact evaluation of transformative partnerships

During the pandemic, public health developed collaborations with many partners who had not previously operated in the public health space. As one breakout group participant described, having a **shared vocabulary for measuring progress** and **flexibility in data collection** were extremely helpful in facilitating impact evaluation.

*“The majority of our grantees do not have public health in their mission, and...a lot of them came with limited public health knowledge. The CDC language in the monthly reporting requirement was a great unifying piece in having similar vocabulary that helped indicate progress in vaccine uptake in their communities. In addition, they didn't have capacity to collect data, so easier ways to collect data were created.... CDC metrics were used to ground grantees' work...and at the end of the work period quantitative and qualitative impact was clearly seen.”*

**Data systems integration** is another tool participants identified as useful in impact evaluation.

Taking the time to integrate systems that blend data from multiple partners allows for higher-level analysis and robust measurement of the value of partnerships. These systems are often not in place when partners begin working together, so breakout group participants explained partners need flexibility from funders to work with other data until disparate systems are integrated.

- *“The communities that are best able to show how effective partnerships have been are communities that take effort and time to build data infrastructures blending data systems.... These merged systems can give data related to the partnerships and demonstrate the effectiveness of these partnerships.”*
- *“We have found partnerships that have shared data systems are better able to document and capture community-level (environmental, policy, systems) changes, and it often takes resources to set those data systems up. Partnerships have expressed the wish for flexibility from funders for collecting different types of data from different sources while things are being moved toward an integrated data system.”*

Blending data from different systems can be complicated. Breakout group participants recommended a “loose linkage” approach, or finding ways to loosely link data according to location or time periods.

- *“Getting data out of various registries and integrating them will be hard. One of the ways I've seen people handle this is recognizing the location element. Using a location element of data will help layer the data together...loosely while seeing the bigger picture.”*

- *"In addition to thinking about (loose) connections across data sets based on level of geography, I'd also suggest thinking about opportunities for connecting data across common time frames/periods and common units of aggregation (e.g., organizations vs. networks/coalitions)."*

### Making the case for more realistic expectations from funders

Throughout the entire summit series, one of the most common themes was that short-term funding structures make it nearly impossible to do the systems-change work required to effectively address public health challenges. In every single convening of this national summit series, speakers and participants emphasized funders need to have more realistic expectations and change their funding and evaluation requirements accordingly.

If a funder wants to deliver Band-Aids to a community and measure the impact those have over a year, that can be done. If the goal is to uproot structural racism and repair and heal the compounded effect of centuries of inequities, a longer timeline is needed. As one attendee at the fourth summit noted in the chat, and several others agreed: *"Collective trauma that has occurred over years cannot be solved with short-term projects."*

Participants in breakout groups and in the plenary chat also highlighted how underfunding promising initiatives or requiring that projects be evidence-based can preclude their ability to create a new evidence base:

- *"We have to be careful to provide adequate financing for collaborative efforts with community so these efforts have a chance to produce outcomes. There's this insidious trick of underfunding promising (and even evidence-informed) practices, and then saying, 'They don't work. Back to the status quo.'"*
- *"Requiring 'evidence-based' can create a Catch-22 that stifles innovation at the community level. Need to fund innovation and evaluation to expand the universe of evidence-based solutions."*

Breakout group participants discussed strategies to make the case to funders that short timelines are unrealistic:

- *"How we determine who is worthy of funding, this is built on a western and white supremacist way of thinking. It is not centering people... This work takes time, and health outcomes cannot shift in five years, so we have to shift the way funders think. If they are unable or unwilling to fund a project or community for a sustained number of years, then they must be transparent and say they can only support a certain part of the work. But to put pressure on people to create a measurable outcome...will not translate into good work."*
- *"Capitalism, white supremacy and this line of thinking will never help in thinking of the good of the public; everything is measured on an ROI (return on investment) standpoint. Some of the things we've found in our work is doing process measures that don't need to be ROI. Setting up realistic goals that are short term translates into trust-building and power dynamic shifts that cannot be reported from an ROI standpoint. Also allowing reporting to be agile is important, and promoting community governance that allows reporting to change based on community needs is a successful way to approach funding models and not showing the cost-benefit right up front."*

### Implementing partner-defined metrics

All too often, metrics for evaluation are defined by the funder in a way that does not necessarily reflect the priorities and needs of the community carrying out the work. Hosting events, for example, is a common metric used by funders, but it can end up detracting from the work. Breakout group participants described strategies to allow partners and affected communities to define their own metrics instead:

- *"It has always been beneficial to my grantees to go through metrics and deem which ones are easily tracked and outputted and which ones are not relevant toward their organization, and with the CDC this was not a possibility. So grantees felt pressure to meet the CDC metrics and ended up stretching their capacity and staff to meet metrics. It would be wonderful to be more flexible on CDC metrics to receive more accurate and effective data."*
- *"Work being done on a neighborhood level is measured as duration over a long period of time. When we ask, 'How do we measure and evaluate?' I ask, 'Who is evaluating, how and why?' Many times, the answer is, 'We have this three-year grant.' But if we are asking, 'Are community leaders involved, are there spin-off benefits, how has data sharing improved?' then the nature of the question changes. Sense of time and progress is unique to the community, and must be measured as such."*

## ACTION

Investing in Sustainability  
through Systems Change

Rethinking Evaluation to  
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Transformative Partnerships

- **Communicating the Value and Impacts of Public Health's Work**

- *"Data should be as community-specific as possible and may not be traditional data. May want to include issues that underlie diseases (e.g., housing eviction, food security, etc.), AND community should determine what data are relevant to them."*

Breakout group participants also identified the need for placing greater value on qualitative data to measure more abstract but equally—if not more—important types of impact:

- *"I've been advocating for including storytelling in our evidence set on the same level as peer-review publications."*
- *"Redefine what evidence means. Community stories are evidence, and sometimes we minimize those. And not just about qualitative and quantitative data but thinking about how communities need to hear information and how we hear from communities. Engagement is a force multiplier, but this means you need more resources, and this is something to keep in mind when we think of measurement."*
- *"Looking at a grassroots level, we are working in a community where the majority of folks are in rentals, single-mothers, Latina, older adolescents who are unemployed and not in school. When we did our community engagement, they said the parks are not clean and there's noise at night. So we centered our work around that. Life being good is also a form of evaluation that needs to be considered. We have to be clear that beautiful things are happening and, if we miss it, we won't be able to report it."*

Moreover, assigning greater value to qualitative data can also be useful in public health communications. While quantitative data are essential to measuring inequities and monitoring progress for accountability, communications experts know that numbers and statistics rarely change hearts and minds. Qualitative data can play a significant role in changing narratives and mindsets about specific communities and their potential (see also "Reframing health inequities data to preclude victim blaming," "Contextualizing data with qualitative narratives" and "Recognizing, exercising and sharing the power of data and narrative building" in the [summit 2](#) report for more on this topic).

### GUIDING LIGHTS

#### **Resources for impact evaluation and simulation:**

- [Assessing Meaningful Community Engagement: A conceptual model to advance health equity through transformed systems for health](#) from the National Academy of Medicine
- CDC's [Prevention Impacts Simulation Model](#) (sign-in required) online tool for estimating potential health impacts of community-level interventions

## Communicating the Value and Impacts of Public Health's Work

Once public health has taken action to invest in sustainability through systems change and rethink impact evaluation, the field can focus on updating its approach to communicating about the impact and value of public health work. This fourth virtual convening highlighted ways in which speakers and participants have used the arts to illustrate the importance and impacts of public health. Another theme that arose from this fourth summit was the need to identify creative ways to communicate how essential an intentional and actively anti-racist approach is to improving the public's health.

### **Creative communications: Illustrating public health impact through the arts**

One of the presenters in the plenary session of the fourth summit shared a [musical theatre production](#) in the United Kingdom that aims to raise awareness about antimicrobial resistance (AMR). In her presentation, Professor Dame Sally Davies said, *"We bring the power of the arts to enlist new audiences into a movement for change."* Engaging the arts is a wonderful way to reach and connect with new audiences. Participants in this fourth virtual convening also explained in the chat the value of the arts in promoting healing and supporting mental health:

- *"Creative arts expression is incredibly helpful in healing trauma and addressing mental health challenges. Love the educational component! Kudos!"*

- *"This is wonderful to hear. Art is always the first to go in hard times. During the Dust Bowl, families had to sell the family piano for essentials, just one example, especially when art tells a story about culture and life, cultivates mental health, etc... etc..."*

One of the questions posed to attendees in the chat encouraged participants to share ways they have partnered with the arts to address public health issues. Respondents discussed a wealth of activities including socioemotional art projects for youth, efforts to address vaccine hesitancy, promote sexual health, illuminate the root causes of homelessness and ensure that the entertainment industry conveys accurate health information:

- *"We commissioned local artists who identify with the communities we were serving to create culturally engaged art pieces that capture the importance of vaccination."*
- *"SA Metro Health worked with local artists and art organizations, youth organizations and HIV services orgs to hold an Art & Activism summit and promote sexual health awareness among youth."*
- *"Virgin Islands high school students were invited to participate in a [contest](#) to create artwork indicating their personal reflections of the COVID-19 pandemic. The student work reflected their thoughts and feelings on isolation or quarantine, the sickness or loss of a friend or family member and how they coped with the life changes brought on by the pandemic."*
- *"[CHW \(Community Health Worker\) Comics](#) are culturally relevant educational resources for people of all ages and cover vaccination and mental health related to COVID-19...for CHWs / Promotores to use in their own communities, available for download in English and Spanish."*
- *"To help the public better understand...that housing and homelessness are a health issue...we released a documentary series, [The Way Home](#).... It helps deepen the understanding, spark a dialogue and really illuminate root causes and promising solutions to the homelessness crisis."*
- *"[The Hollywood, Health & Society program](#) at USC provides the entertainment industry with accurate and up-to-date information for storylines on health, safety and security."*

### Effectively communicating the importance of anti-racist public health work

Throughout the fourth virtual convening, there were many discussions about the importance of framing public health work through an anti-racist lens. Speakers and attendees emphasized this framing must be done with an action-oriented approach to ensure that, whenever possible, public health is moving forward the work of dismantling structural racism (more on this topic can be found in the [summit 2](#) and [summit 3](#) reports) and eliminating health inequities.

Framing public health work as anti-racist, however, will be received differently depending on the audience. Throughout the fourth summit, speakers and participants shared challenges and strategies for communicating the importance of anti-racism work internally within their agency or organization, as well as externally with partners and the communities public health serves.

Breakout group participants shared examples of pushback from within their organization as they tried to integrate anti-racism into their work. Obstacles include lack of awareness and white fragility, among others. One breakout group participant urged the field to consider capacity building within public health to support staff at all levels in their understanding, application and advocacy of anti-racism in public health.

*"Addressing concerns and structural barriers within organizations is necessary.... Some staff were inspired by the declaration [of racism as a public health crisis], but others did not understand the purpose or felt attacked as a 'racist.' As we are building the capacity of that foundational training, we are looking for opportunities to have conversations on building skills to support our staff. We have to especially think about jurisdictions where this is still unwelcome—what are some of the tools we need to begin moving that."*

A lot of the discussions around strategy in communicating the value of anti-racist work recommended zooming out from the individualistic perspective that is deeply rooted in U.S. culture. As one panelist explained, what is needed is a narrative shift from focusing on the individual to the community level.

*“Many folks were upset that this group was working together only to address the needs of African Americans and Black folks in Buffalo. There were many, many, many issues and conversations because of that. But now, look at where we are! All marginalized people in Erie County...have an office working to serve them. So once we realize that helping one helps all, we’ll be in a much better place.”*

**KELLY WOFFORD, MS, ERIE COUNTY DEPARTMENT OF HEALTH**

A breakout group participant shared an anecdote of a cross-culture encounter that brought him to the same conclusion:

*“Trying to articulate our goals as being universal, and not focusing the spotlight on the individual as much—personal growth will come out of this work anyway. We need to focus on larger policy changes. I recently participated in a Race Forward training. One individual was from an African nation (did not name his country), and he contrasted our work with his. He pointed out that we focus a lot on the individual and changing the individual, instead of the things that we hold true as a community and really aiming for solutions that focus on the population and less on the individual.”*

Specific strategies were suggested, including using data and storytelling, encouraging community partners to share culturally specific success stories, describing racism as a series of experiences or focusing on economic arguments. Ultimately, breakout group participants agreed what is needed is something like “a toolbox of multiple ‘cases for justice’...that would resonate in different settings.”

#### **GUIDING LIGHT**

Resource for communicating importance of anti-racism work: [Narrative Change: Policy and practice brief](#) from APHA’s [Healing Through Policy](#) initiative

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# Conclusion

The fourth virtual convening of the *Lights, Camera, Action: The Future of Public Health National Summit Series* brought together more than 1,700 public health workers from across the United States to discuss catalyzing cross-sector partnerships and community engagement.

## **LIGHTS: Appreciating and Strengthening Partnerships for Public Health**

Recognizing the value of existing partnerships for public health during the COVID-19 pandemic and beyond will help the field and potential partners recognize how partnerships maximize resources, existing partnerships facilitate preparedness and partnerships can protect and support public health against threats and opposition.

Furthermore, identifying and embodying best practices and lessons learned in establishing new cross-sector and community partnerships; devoting flexible, long-term investments directly to community-based organizations; learning how public health and business can support each other and understanding the science of coalitions will ensure that existing, new and future collaborations are established and sustained through an iterative process of continuous learning and improvement.

## **CAMERA: Refocusing and Reframing Skills and Strategies for Transformative Partnerships**

Public health can earn the trust of existing and potential partners through uprooting structural racism in public health, practicing humility and listening and ensuring accountability. The field can shift power dynamics by practicing an asset-based approach to community partnerships, letting go of power and appreciating the role of external facilitators. Once public health has mastered these skills and strategies, it can engage in co-creation with partners, rooted in an understanding of each other's languages and a shared vision and goals. Refocusing and reframing these skills and strategies will make public health a better partner in transformative cross-sector and community engagements moving forward.

## **ACTION: Ensuring Sustainability, Evaluating and Communicating Impact**

Public health can invest in sustainability through systems change by moving from rhetoric to action in its approach to racism as a public health crisis, changing funding structures to invest in the time and capacity needed for sustainable partnerships, building upon partnerships established during COVID-19 and considering a reevaluation of the entire field through a Turning Point 2.0.

Public health evaluation, too, needs to be restructured to measure the impacts of transformative partnerships. This can be achieved by identifying tools for impact evaluation, convincing funders to have more realistic expectations for effective public health work and implementing partner-defined metrics in evaluation. Communicating the value and impacts of public health work will require creativity, such as illustrating public health impact through the arts, and effectively communicating the importance of anti-racist work in public health across different settings.

Taken together, these efforts will allow public health to catalyze cross-sector partnerships and community engagement that will enable the field and its partners to face current and future public health threats and, together, produce a new future for public health.

## Themes for Action

This summary report provides an overview of the feedback from the audience of summit 4, capturing a point in time of a very rich discussion with multiple partners. The following key themes emerged from the virtual convening as areas of potential action to move the field forward toward catalyzing cross-sector partnerships and community engagement:

- Restructure funding opportunities to allow for greater flexibility in how funds are used and longer funding periods to ensure time for success.
- Rethink impact evaluation.
- Invest in partnerships for sustainability.
- Strengthen partnerships between business and public health.
- Strengthen and support coalitions.
- Address structural racism in public health.
- Shift power dynamics.
- Consider revisiting the Turning Point approach to reevaluate the field as a whole and its future.

For more detailed recommendations for the future of public health, the cohosts and partners of this national summit series urge readers to review the reports that came out of the Bipartisan Policy Institute's bipartisan coalition, [Public Health Forward: Modernizing the U.S. public health system](#) and [The Future of Public Health: A synthesis report for the field](#).

## Summit Evaluation

The last poll conducted at the end of the plenary asked attendees how effective the summit was in meeting its objectives. There was overwhelming agreement (97 percent selected Very Effective or Effective) that the summit met its objectives of “Demonstrating the critical role of multi-sector partnerships in achieving healthy and vibrant communities that benefit everyone” and “Sharing approaches on how to engage communities and improve health through effective partnerships among sectors including government, business, academic and community-based organizations” (95 percent selected Very Effective or Effective). And 91 percent of respondents said that the summit was Very Effective or Effective in meeting its objective of “Exploring innovative tools, policies and incentives that sectors can draw upon to mobilize and sustain high-impact partnerships.”

Summit attendees were also asked if they and/or their team “will be able to take action based on the information from this summit,” and 73 percent of respondents said they would be able to take action immediately or within two to six months.

This fourth virtual summit concluded the *Lights, Camera, Action National Summit Series*. The [summit website](#) includes recordings, summary reports, Accelerating Action reports, and other details on all of the virtual summits as that information becomes available.

The cohosts and partners thank you for your participation in this summit series and hope it inspired and motivated you to take action, together, to produce a new future for public health.