

# Opportunities to Partner with Community Based Organizations and Tribes: A companion document to the Public Health Modernization Manual

## Background and Purpose

During the COVID-19 pandemic, Community Based Organizations (CBOs) showcased expertise and strengths that were different from approaches the state and Local Public Health Authorities (LPHAs) practiced. CBOs demonstrated they play a unique and effective role in helping communities navigate public health issues. It was apparent that CBOs need to be involved in the beginning stages of addressing community health issues alongside state and LPHAs. The optimal health of communities across Oregon depends on how well all partner types work together – state, LPHAs, CBOs and Tribes.

The foundation of this work is centered in the belief that each partner has a different set of skills that can help meet a shared vision. This project is an attempt to dialogue with various partner types and document in writing how all partners can potentially be working together. While collaboration and partnerships may not be new to some state programs and LPHAs, the aim of this project is to establish preliminary dialogue in order to be able to do this on wider scale, where collaboration would become a streamlined best practice that would give way to improvements in the health of communities statewide. This best practice would also simultaneously uplift, make way and honor the contributions of CBOs and Tribes.

The focal point of this companion document are the specific roles CBOs play to complement already existing roles for OHA and LPHAs listed in the [Public Health Modernization Manual](#). CBOs and their potential roles are centered in this document because it is a way to share power with people representing communities and experiences that have been marginalized historically and systematically. The contributions of CBOs have not traditionally and formally been given a space in

governmental systems and this document attests to a growing need to change that. The creation of this document has also allowed CBOs to define for themselves how they would like to partner with you instead of that being defined for them.

This document is an Oregon Health Authority deliverable to the Oregon legislature that is being completed through the Public Health Advisory Board (PHAB).

## **Who is responsible to use this document and how?**

This document is intended for OHA staff and LPHAs and their staff to be used as a list of potential strategies for collaboration with CBOs and Tribes.

While some local public health departments and Public Health Division state programs are not new to collaborating with CBOs on common goals related to public health, it is not a standardized practice for governmental systems across Oregon. Furthermore, how state programs and LPHAs engage and partner with CBOs varies widely.

We suggest thinking of this tool less as mandate, and instead as potential opportunities for collaboration with different partner types. The CBO roles are ideas about what is important to CBOs and where they can offer their expertise to reach a common goal. This document speaks to the kind of roles CBOs would like to have in their work with you and where they need your support in order to do what they do best. This is the start of a dialogue that we hope you will make your own based on the unique conditions in your region, work environment and current level of engagement with CBOs and Tribes.

The appendix also houses concepts and ideas that were not CBO roles, but important topics that came up during the workgroup's time together. These are also meant for governmental staff to get an idea of the kind of topics that matter to CBOs and Tribes in their work with you. This can be used also as potential topics of conversations in your work with CBOs, as you build relationships together.

## **Health Equity Framework Workgroup Acknowledgment**

The Health Equity Framework Workgroup met and developed this document from January 2024 to June 2025. These roles were developed collaboratively by CBOs, Tribal Members, LPHAs, OHA Public Health Division Programs and the Public Health Policy

Board's Health Equity Committee member (15 members total). We would like to acknowledge and thank the long-term dedication and community wisdom the following partners shared in creating this companion document. Without their time, passion and insight, this document would have not been possible.

*[Insert CBO name and hyperlink to organization website]*

*[We also need to acknowledge people who provided feedback on this document in the phase two of this process (not hyperlink to org, just list names.)]*

## Process

The Modernization Manual's roles for OHA and LPHAs were used as a starting point to identify complementary roles for CBOs. Each workgroup meeting focused on discussing CBO roles for each of the two foundational capabilities (e.g., Health Equity and Cultural Responsiveness and Community Partnership and Development). In total 75 roles were reviewed for Health Equity and Cultural Responsiveness and 15 roles were reviewed for Community Partnership and Development. The workgroup identified X number of possible roles for CBOs to take on in partnership with OHA and LPHAs.

Much of the drafting of roles took place in small breakout rooms via Zoom, followed by a review of the roles in a large group discussion. This format ensured that everyone had the opportunity to respond to a role not covered in their small group and allowed for different communication preferences.

After roles were identified in small and large group discussions, two members of the OHA Project team synthesized roles, identified duplicative roles and pulled additional commentary to house in an appendix. These synthesized roles took the form of a bulleted list and brought to the workgroup again for review two separate times, once for the Health Equity and Cultural Responsiveness section and again for the Community Partnership and Development section. The detail and transparency in this last step allowed for workgroup members to cross check the synthesizing and confirm the roles were accurate. A final review of the entire document that included supplementary pieces besides CBO roles was shared with the workgroup and more feedback was solicited.

*[Include other groups that feedback was solicited from:*

- *Community Engagement Team's Fiscal Friday CBO Meeting*

- *Public Health CBO Conference 4/23*
- *Public Health Policy Board's Health Equity Committee*
- *CLHO*
- *CBO Advisory Group]*

## Strengths

- Several different types of partners involved
- Project allowed for enough time to complete deliverable, wasn't rushed
- Infrastructure needed to share ideas openly and honestly was identified and worked on, as a result the deliverable took longer, but end product was thorough
- Workgroup members identified other needs for the space
  - Reducing number of OHA project staff in space without an active role,
  - Sharing group agreements at each meeting to ground the group in expectations around behavior and how we commit to showing up in the space and with one another,
  - Sharing ideas of how the workgroup would like to be acknowledged for their contributions,
  - Defining what celebration/culmination of the work could look like
- Virtual meetings allowed for statewide workgroup member participation
- Feedback loop implemented and updates shared at each workgroup meeting
- Compensation for workgroup members available via HB X

## Limitations

- Power dynamics impacted how workgroup members could participate
- Historical harm to communities also impacted how workgroup members showed up and participated
- Workgroup member turnover created gap in populations represented
- At times, competing priorities for workgroup members impacted attendance

- Turnover of OHA Project Team staff (e.g., project lead, sponsor, executive support)
- Not all workgroup members eligible for compensation, organizations not eligible for compensation

## Other Considerations

It is worth noting that not all CBOs will have capacity or desire to fulfill some of the identified roles, therefore it is important that state and LPHAs dialogue with CBOs and identify which roles are possible and of interest to the CBO.

Additionally, many other adjacent topics related to collaboration with state and LPHAs were identified by CBOs. These thoughts, concepts and best practices were captured during workgroup meetings and have been organized in the appendix. This is also meant to provide additional considerations in state and LPHA's work with CBOs and Tribes.

The identified CBO roles are categorized into two areas with respective sub areas:

- Health Equity and Cultural Responsiveness
- Data
- Capacity Building
- Communications
- Advocacy and Policy
- Funding
- Community Partnership and Development

Each sub area includes a definition to provide context and clarity for what we mean when we talk about the respective sub areas.

## Health Equity and Cultural Responsiveness

### Data

HOW CBOs CAN GUIDE THE COLLECTION, ANALYSIS, AND DISSEMINATION OF DATA.

- Build bridges to access and collect data from communities in a respectful, non-transactional, community-informed, inclusive, equitable, and responsive manner, don't assume that traditional methods work for all (e.g., Non-traditional means of gathering and sharing data such as going to hunters' groups for environmental health survey data, community event and having workers survey attendees)
- Identify most relevant data for communities
- Distribute data and reports directly to communities in a variety of spaces, such as boards, workgroups, newsletters, websites, social media, mailers, open forums, town halls, community outreach events and other programming like community celebrations and non-traditional means of gathering and sharing data
- Using a strengths-based lens, CBOs will assist with compiling comprehensive data on health resources, specifically local resources and opportunities
- Assist in identifying population subgroups and geographic areas through direct work with communities
- Partner with the state to help collect REALD and SOGI data in a way that is person centered, trauma informed, transparent, and based in trust, and provide guidance on the importance of these considerations
- CBOs would like to have a more active role with data and the state and local entities that hold this information. CBOs can lend expertise on various data considerations before data is made public
- Interpret data with socio-cultural lens
- Incorporate data into stories to convey information to communities in a way they'll understand
- Advise on plain language/health literacy
- Provide input on data before it is made final, including how it is used and distributed
- Work with communities in development of data collection tools (e.g., they know what questions to ask)

- Provide valuable perspective and research based on oral histories, community stories, and personal experiences
- Engage in community participatory research (*requesting clarification/more detail about what this looks like*)
- Partner with OHA to inform research
- Identify gaps in data from a community perspective
- Train State and LPHA in how to create and deliver accessible data literacy training to community members
- Create custom surveys and tools that are specific to populations served (e.g., people with disabilities)
- Provide examples of gaps in current tools and data specific to communities CBO serves
- Having MOUs with partners around sharing data

## Capacity Building

HOW CBOs CAN HELP OHA AND LPHAS DEVELOP CAPACITY FOR HEALTH EQUITY, SUCH AS HIRING, ONBOARDING, TRAINING, ETC.

- Evaluate the effectiveness of strategies that tackle the root causes of health inequities and offer feedback
- CBOs can advise and give their perspective on State and LPHA evidence-based and public health measures of neighborhood conditions, institutional power and social inequalities
- Inform what cultural responsiveness looks like for their communities, this can be shared with State and LPHA so they can advocate for why it is critical
- Provide guidance on how to execute public health services that are effective, equitable and inclusive. The trust CBOs have built with communities lends itself to best practices in being able to serve community. They can share with state and local: a) training needs that mitigate bias, b) hiring practices that promote cultural responsiveness, trust and cultural respect, c) meeting community



members where they are (e.g., flexibility), d) language access, e) collaborating with CBOs for greater outreach, f) community engagement best practices

- Train other organizations, health departments, community members and other partners (requires funding). Trainings should be on-going (e.g., lunch and learns)
- Hire individuals from within the community with diverse experience and include that experience in training
- Provide paid community-centered, experiential training to governmental public health staff
- Provide paid training to governmental public health workforce
- Bring community members to trainings to provide their perspective (e.g., a CBO serving people with disabilities to educate on accessibility)
- Provide translation services (compensated)
- Provide paid informational training about their communities on recruitment, retention and advancement efforts to improve workplace equity
- Advise governmental public health on parity goals, metrics, and benchmarks
- Participate on hiring panels and advise staff on interviewing and onboarding
- Advise hiring panels on flexibility, transparency, and accountability
- Share hiring practices and other materials
- Conduct community audits on programs, priorities and plans
- Participate in Community Advisory Councils, steering committees, and advisory groups for community and statewide plans in development (CHA, CHIP, etc.)
- Administer and/or provide perspective on State and LPHA internal assessments
- Collaborate with community members to bring them into internal assessment processes
- Advise and consult LPHA on health equity goals
- Develop meaningful culturally responsive training and technical assistance materials in collaboration with OHA



- Share health equity research resources with governmental public health
- Bring communities together through events, trainings, celebrations, and other spaces to share their perspectives and build trust
- Conduct outreach and recruit from community to co-facilitate task forces and make those spaces accessible and culturally responsive
- Invite LPHAs to trainings, events, and tabling opportunities to engage with communities
- Share OHA job opportunities with community members and help them to apply
- Help the public understand these roles and support those who are interested in seeing if they qualify
- Host workshops for community members on job opportunities, workforce development, and skill development
- Offer internships, shadowing, and other work experience opportunities for youth
- Connect youth and public health employees for informational interviews
- Provide shadowing opportunities for public health employees to learn about the work that CBOs are doing

## Communications

### HOW CBOs COMMUNICATE WITH THEIR COMMUNITIES ABOUT HEALTHCARE AND HEALTH EQUITY.

- Provide community perspective on how shared understanding of social determinants of health, health equity, and lifelong health are promoted, and share barriers to health experienced by the communities they work with. **(Share with whom? LPHA? OHA?)**
- CBOs can help inform a common understanding of cultural responsiveness with state and local public health, one that evolves and can be re-examined. CBOs can share how this concept shows up with the communities they work with so that state and local public health operate with this in mind.

- CBOs can help inform a common understanding of systemic oppression with state and local public health, one that evolves and can be re-examined. CBOs can share how this concept shows up with the communities they work with
- CBOs can highlight success stories, statistics and case studies that show the benefits of cultural responsiveness and activities that make the stories come alive
- Lead educational campaigns with support from state and local public health that incorporates community perspective on ways to reach communities, including face-to-face, community outreach, texting, social media, and short-form videos
- Conduct outreach to community members from diverse backgrounds through a variety of methods and non-traditional sites (e.g., barbershop, places of worship, etc.)
- Distribute health policy information directly to communities. (Community input on policy changes that affect them?)
- Advise on evaluation and dissemination activities early on in the evaluation and well before dissemination of findings

## Advocacy and Policy

### HOW CBOs CAN ENGAGE IN POLICY DEVELOPMENT AND BRING THE COMMUNITY VOICE INTO ADVOCACY SPACES.

- Collaborate with state, local public health, and other community-based organizations to advocate on behalf of their communities in policy spaces
- Provide testimony during legislative sessions when given proper notice
- Meet with state representatives to bring voice to community needs related to health equity and health system reform
- Connect communities to resources, such as housing and translation services to bridge language barriers
- Provide guidance on community-led programming specifically tailored to unique community needs

- Share concerns and share community experience with leaders that will advocate for comprehensive policies that improve community health
- Inform policy evaluation efforts by providing perspective on discrimination and inequity of distribution
- Educate communities on how to advocate for themselves in the case of discrimination relating to public health benefits and interventions
- Participate in feedback loop with state and local public health modeled after client advisory boards so that CBOs can collect feedback from and share information with communities
- Collect and share stories from the community in advocacy spaces
- \*Act as a bridge between community and governmental public health to make connections and build trust
- Invite community members to advocacy workgroups
- Advocate for engagement, buy-in, and change.

## Funding

### HOW CBOs CAN INFORM AND GUIDE THE FUNDING PROCESSES FROM OHA AND LPHAS.

- Collaborate with LPHAs in grant writing by sharing expertise, relationships, and community voice to applications
- Provide suggestions for tracking of areas/milestones currently not included on reporting templates, but which are of equal if not greater value
- Work with OHA to determine how funding is used and made available to community organizations
- Bring community members into the planning process for private and public investments to share their perspective and inform planning
- Engage in grant processes to provide perspective on accessible funding

## Community Partnership Development

- Act as a contact point for establishing and building relationships with health-related organizations, organizations representing populations experiencing health inequities, private businesses and federal, state, tribal, and local government agencies and non-elected officials to *provide clarity on how to make connections within CBOs*.
- *State/LPHA creating and sharing contact points for CBOs as well*
- Connect governmental public health with individuals, local community leaders, private businesses and smaller community organizations that CBOs have relationships with to help bridge the gap between OHA and community
- Host events in the community to help improve awareness, understanding, and fundamental acceptance of CBO interests, priorities, culture, and operating processes
- Increase visibility of health inequities and community populations by bringing awareness to state and local public health.
- Clearly communicate needs and limitations within organizations and communities served to state and local public health to increase participation accessibility (transportation needs, time of day, other fundamental logistics, etc.)
- Actively engage with local Community Health Improvement Plan committee and Public Health Advisory Councils
- Reach out to local and state public health coordinators and managers, leverage opportunities in spaces with decision-makers, and respond to requests for feedback when able to provide feedback on what is helpful or unhelpful about government reports
- Identify points of contact within the organization for potential grants or connections and open the doors for CBO opportunities for funding
- Provide feedback about what works and what doesn't work with funding processes, barriers to applying for funding, and suggested changes to the process

- Advocate for and uplift emerging practices along with "evidence-based" requirements and strategies, which may be biased and/or not accurately represent all communities
- Define and uplift what success means and looks like for the communities you serve
- Advocate for inclusive recognition of community members' wisdom and contributions to governmental public health work, publications, and documentation, specifically including clear definitions for "strategic partnerships" and "collaboration."
- Advocate for OHA and LPHA power sharing with CBOs, Tribal public health, and other local organizations, including clarity on expectations, learning opportunities, and the benefit of partnerships
- Collaborate with state and local government agencies to create work together that is supportive of all agencies involved and reach clarity on how organizations are able to utilize that work
- Act as a trusted entity for local communities, centering unique position, knowledge and community relationships
- Lead focus groups and other data collection efforts, such as developing questions for state and community health assessments (*taking a strong leadership role in this process*)
- Make sure that data collection, use, and publication is responsive in ways more inclined for community to participate (method of information collection, trans-cultural translations, etc., not just sharing survey links)
- Help develop strategies for accessible, meaningful communication to communities on purpose of assessments, privacy concerns and how it will directly benefit them
- Participate in committees to influence state or community health improvement plan priorities
- Inform state and local public health concerns about partner engagement in state and local public health planning processes regarding which partners are being

asked to collaborate and how often to increase transparency, sustainability and equitable participation.

- Communicate with communities about health risks or threats and how to engage in prevention in ways that are responsive to community needs and contexts.
- Help to broaden the landscape for different ways to share information/resources and holistic approaches to health (e.g., during community events or cultural celebrations, partners could table or provide vaccine clinics, etc.)