Public Health Modernization: Roles for Working with Community Based Organizations

A Companion Document to the Public Health Modernization Manual for Oregon Health Authority and Local Public Health Authorities

Approved by the Public Health Advisory Board, July 10, 2025

Table of Contents

Background and Purpose **2**

Who is responsible to use this document and how? **3**

Process **4**

Strengths **6**

Limitations **6**

Other Considerations **7**

Workgroup Acknowledgment **8**

Health Equity and Cultural Responsiveness **10**

Data 10

Capacity Building 12

Communications 14

Advocacy and Policy 15

Funding 16

Community Partnership Development 17

Next Steps 19

Addendum 20

Background and Purpose

During the COVID-19 pandemic, Community Based Organizations (CBOs) showcased expertise and strengths that were different from approaches Oregon Health Authority (OHA) Public Health Division 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 OHA and LPHAs. The optimal health of communities across Oregon depends on how well all partner types work together – state, LPHAs, CBOs and Federally-Recognized 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 for public health modernization. This foundation was the basis for creating a Health Equity Framework Workgroup, composed of 15 members ranging in partner types from CBOs, Tribal Members, LPHAs, OHA Public Health Division Programs and the Oregon Health Policy Board's Health Equity Committee member (see figure 1). This project was an attempt by the workgroup to dialogue with partner types and document in writing how all partners can potentially be working together in public health.

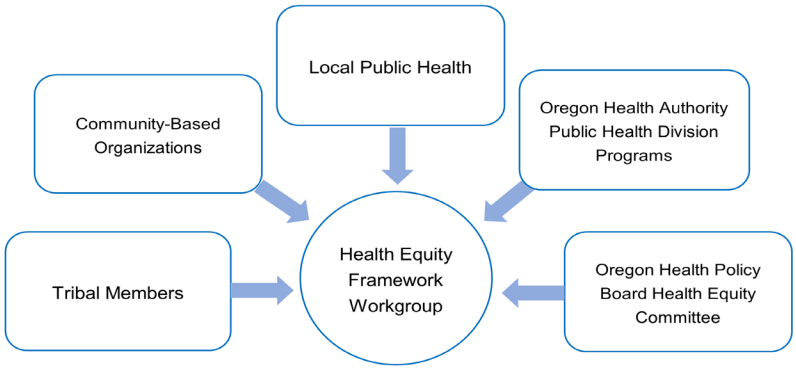

Figure 1 - Health Equity Framework Workgroup Partner Types

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 giving way to improvements in the health of communities statewide. This best practice would also simultaneously uplift, make way for, and honor the contributions of CBOs.

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 government agencies 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 who work with CBOs. It can be used as a list of potential strategies for collaboration with CBOs. These roles are not requirements, but more of a list of guidelines and suggestions for moving toward meeting equity goals.

There is a parallel process currently underway to engage Oregon Tribal Public Health Modernization (OTPHM) partners through their Community of Practice Gatherings. The outcome would be to document roles Federally-Recognized Tribes could potentially play in partnership with OHA and LPHAs. Future discussions with OHA, OTPHM partners and Tribal Health Directors will determine whether roles will be added to this companion document or shared differently. Because of the nature of government-to-government work between OHA and Federally-Recognized Tribes, this part of the work will move at its own pace.

While some LPHAs and OHA Public Health Division 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 OHA programs and LPHAs engage and partner with CBOs varies widely.

We suggest thinking of this tool as an inventory of 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 public health goal. This document speaks to the kind of roles CBOs would like to have in their work with government agencies and where they need support in order to do what they do best. We hope this document allows government agencies to start their own dialogue with CBOS based on the unique conditions in your region, work environment and history of engagement with CBOs.

The addendum 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 in their work with government agencies. This can be used also as a list of potential topics of conversations in working with CBOs, as relationships are fostered and nurtured.

The PHAB will use this companion document to inform discussions and decisions that affect the public health system, which may include recommendations about priorities and funding.

Process

The Public Health 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 (Health Equity and Cultural Responsiveness and Community Partnership Development). In total, 75 roles were reviewed for Health Equity and Cultural Responsiveness and 15 roles were reviewed for Community Partnership Development. The workgroup identified 97 possible roles for CBOs to take on in partnership with the state 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 addendum. These synthesized roles took the form of a bulleted list and were 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 Development section. The detail and transparency in this last step allowed for workgroup members to cross check the summary and confirm the roles were accurate. A final review of the entire document was shared with the workgroup and more feedback was solicited.

Two workgroup members presented to the PHAB during their February (2/13/25) and April (4/10/25) meetings and June meetings (6/12/25). The presentations took the form of sharing workgroup progress updates to PHAB members, soliciting feedback and concerns, and fielding questions. PHAB was responsive to workgroup members' updates and reviewed several drafts of the companion document, providing guidance and direction for the completion of the deliverable.

The second phase of this work included outreach to the following groups and or events:

- Community Engagement Team's Fiscal Friday CBO Meeting – 4/11/25
- Public Health CBO Conference – 4/23/25
- Public Health Policy Board's Health Equity Committee – 5/8/25
- Conference of Local Health Officials – 5/15/25
- CBO Advisory Group – 5/15/25

Four Zoom virtual drop-in sessions were created for one hour each week in May (5/9/25), 5/15/25, 5/19/25, and 5/28/25) to solicit feedback from participants in the above-mentioned groups and or events.

Strengths

- Several different types of partners were involved.
- The infrastructure needed to share ideas openly and honestly was identified and worked on.
- Project accommodated additional time to complete deliverable.
- 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, and
    - Defining what celebration/culmination of the work could look like.
- Virtual meetings allowed for statewide workgroup member participation.
- A feedback loop tool was used to document issues raised by members and provide regular updates on steps taken to resolve issues. This ensured follow up about feedback and increased transparency was addressed. This tool helped workgroup members feel heard and also aided in building trust.
- An OHA staff member coordinated compensation for eligible workgroup members available following HB 2922 (2021) requirements.
- Skilled and flexible facilitators capable of holding space for the work and who held a consistent presence with the workgroup.

Limitations

- Power dynamics between partner types impacted how workgroup members could participate.
- Historical harm to communities by government impacted how workgroup members showed up and participated or didn’t.

- Workgroup member turnover created gap in populations represented.
- At times, competing priorities for workgroup members impacted attendance.
- OHA Public Health Division executive leadership's direction of project changed and impacted timeline.
- Turnover of OHA Project Team staff (e.g., sponsors, project leads, executive supports, internal OHA Project Team) increased workload for remaining staff.
- Not all workgroup members were eligible for compensation.
- Organizations were not eligible for compensation.
- OHA is a large organization which can make building and establishing trust difficult.
- No statutory or other requirements to implement CBO roles identified in companion document.

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 OHA 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 OHA 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 OHA and LPHA's work with CBOs.

The identified CBO roles are categorized into two areas or Foundational Capabilities:

- Health Equity and Cultural Responsiveness
- Community Partnership Development

Health Equity and Cultural Responsiveness contains the following sub areas:

- Data
- Capacity Building
- Communications

- Advocacy and Policy
- Funding

Both areas and sub areas include a definition to provide context and clarity for what we mean when we talk about these topics.

In this document, “state” is used interchangeably with OHA. “Local public health” is also used interchangeably with LPHA.

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.

Community Based Organizations

- The Arc of Benton County
- Ecumenical Ministries of Oregon
- Greater Northwest Community Health Collective
- Micronesian Islander Community

Local Public Health Departments

- Douglas County
- Malheur County
- Washington County
- Umatilla County

Tribal Representative

- Confederated Tribes of Siletz Indians

Public Health Policy Board

- Health Equity Committee

OHA Public Health Division Programs

- ScreenWise
- Health Promotion and Chronic Disease Prevention

We would also like to acknowledge others who provided contributions to this companion document, including the Washington County Public Health Advisory Council, the Oregon Health Equity Alliance, and the Office of the Public Health Director's Communications Workgroup.

Health Equity and Cultural Responsiveness

The Public Health Modernization Manual defines Health Equity and Cultural Responsiveness as, “Ensuring equal opportunity to achieve the highest attainable level of health for all populations through policies, programs and strategies that respond to the cultural factors that affect health. Correcting historic injustices borne by certain populations. Prioritizing development of strong cultural responsiveness by public health organizations.”

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 may 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, LPHAs, local clinics, and hospitals to help collect Race, Ethnicity, Language, Disability, Sexual Orientation and Gender Identity (REALD and SOGI) data in a way that is person centered, trauma informed, transparent, 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., CBOs know what questions to ask).
- Provide valuable perspective and research based on oral histories, community stories, and personal experiences.
- Partner with OHA and LPHAs 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.
- Have Memorandum of Understanding (MOUs) with partners around sharing data.
- In addition to distributing data and reports directly to communities; CBOs should also be involved in co-authoring and co-presenting those reports and other data related presentations.

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 CBO's communities, this can be shared with state and LPHAs so government agencies 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 LPHAs: 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 ongoing (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 compensated translation services.

- 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 relevant 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 Community Health Assessments (CHA) and Community Health Improvement Plan (CHIP) etc.
- Administer assessments and/or provide perspective on state and LPHA internal assessments.
- Collaborate with community members to bring them into state and LPHA internal assessment processes.
- Advise and consult OHA and 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 OHA and LPHAs to trainings, events, and tabling opportunities to engage with communities.
- Share OHA and LPHA job opportunities with community members and help them to apply.

- Help the public understand state and LPHA job 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 serve.
- 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.
- 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 sessions, 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 (barbershops, places of worship, etc.).

- Distribute health policy information directly to communities and facilitate community input on policy changes that affect them directly.
- Advise on evaluation and dissemination activities early in the evaluation process 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.
- Provide guidance on community-led programming specifically tailored to unique community needs, such as housing and translation services to bridge language barriers.
- Share community concerns and experience with leaders that will advocate for comprehensive policies that improve community health.
- Inform policy evaluation efforts by providing perspective on discrimination and distribution of inequities, etc.
- Educate communities on how to advocate for themselves in the case of discrimination relating to public health benefits and interventions.
- Participate in a diverse and accessible feedback loop with the state and local public health modeled after client advisory boards so that CBOs can collect feedback from and share information with communities – while incentivizing participation with meals, gas, household items, etc.
- Collect and share stories from the community in advocacy spaces (allow individuals to share their stories confidentially if desired).

- 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 OHA and LPHAs in grant writing by sharing expertise, relationships, and community voice to applications.
- Provide suggestions for tracking of areas of concern and/or milestones currently not included on reporting templates, but which are of equal if not greater value.
- Work with OHA and LPHAs 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

The Public Health Modernization Manual defines Community Partnership Development as, “Relationships with diverse partners allow the governmental public health system to define and achieve collaborative public health goals.”

- Act as a point of contact for establishing and building relationships with health-related organizations, organizations representing populations experiencing health inequities, private businesses, federal, state, tribal, and local government agencies and non-elected officials to provide clarity on how to make connections within CBOs.
- 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 community and governmental agencies like OHA and LPHAs.
- 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 (e.g., 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 and not helpful about government reports.
- Identify points of contact within OHA and LPHAs for potential grants or connections and open the doors for funding opportunities for CBOs.

- Provide feedback about what works and what does not 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 CBOs 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 can utilize that work.
- Act as a trusted entity for local communities, centering CBOs’ unique position, knowledge and community relationships.
- Lead focus groups and other data collection efforts, such as developing questions for state and community health assessments and take 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 the purpose of assessments, privacy concerns, and how it will directly benefit them.
- Participate in committees to influence state or community health improvement plan priorities.

- Work with state and local public health to create planning opportunities that foster collaboration, equitable participation and transparency.
- 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.).

Next Steps

Convening a workgroup to identify CBO roles that work in tandem with state and Local Public Health is an important step in broadening partnerships for the goal of public health modernization. It is recommended however, that future work considers systemic mechanisms for oversight, accountability and an assessment of impact and effectiveness. This process should be ongoing, building upon work done previously and also iterative, each time enhancing CBO roles that speak on a deeper level to the issues, complexities and benefits of working with different partner types across public health in Oregon. The Public Health Advisory Board has an important role in providing guidance and direction for future work, including demonstrating use of this companion document in future discussions on public health priorities and funding. In addition, PHAB's work may include identifying opportunities to better align and incorporate this companion document with the Public Health Modernization Manual.

Addendum

Supporting roles for LPHA and OHA

An addendum was created to document the rich dialogue from the workgroup that touched upon concepts, ideas and needs CBOs and Federally-Recognized Tribes had from their partnerships with OHA and LPHAs. OHA and LPHAs also contributed to this addendum by sharing ideas and best practices in their current partnerships with CBOs. This addendum can be used by OHA and LPHAs to understand expectations CBOs and Federally-Recognized Tribes have in their collaborations with OHA and LPHA, what they consider important and how they would like to engage in partnerships. The information in the addendum is not exactly a CBO role, but important to share with OHA and LPHAs in their work with CBOs.

This section is organized into two main areas or Foundational Capabilities: Health Equity and Cultural Responsiveness and Community Partnership Development. The former area has the following sub areas: data, capacity building, communications, advocacy and policy and funding.

Health Equity and Cultural Responsiveness

Data

- Support CBOs in guidance, tools, best practices, financial, how to use data, etc.
- Respond to CBO data requests in a timely manner.
- Ownership and upkeep of databases, making sure data is updated, relevant, and comprehensive.
- Ensure the tribal and culturally relevant collection and sharing of data with communities.
- Allow CBOs to determine what data is needed and how to collect it.
- Find ways within our institutions to advocate for data and types of data to be legitimized (e.g., oral data, stories, qualitative data). Uplift and value different sources and forms of data.

- Ensure that data is returned to communities and there is joint ownership of data.
- Involve communities as collaborators to contextualize data and make sure that stories being told by OHA and LPHA are the same stores that are being told by the communities the data represents.
- Provide technical support in trying to implement Race Ethnicity and Language, Disability and Sexual Orientation Gender Identity (REALD and SOGI) data in real settings.
- Provide education and outreach about the importance of gathering this data and how it benefits communities.
- Practice increased transparency about what is being done and why.
- Coordinate reports and documents that show progress on community needs, and what actions have been taken and are being undertaken.
- Be a partner instead of an authority.
- Notify CBOs of gaps in data for certain communities (partners can also share gaps they are seeing in case state/local staff did not identify them).
- Provide training to help CBOs interpret data.
- Develop interactive tools and/or surveys that allow individuals and communities to input their data.
- Use Geographic Information Systems (GIS) as a tool to create detailed maps and disaggregate data.
- Make sure that data is reflective of the changes in communities – how folks refer to themselves, how they make community, etc.
- Push to include more qualitative data to bolster the quantitative.
- Share qualitative data resources with CBOs.
- Transparency: how and why we are collecting data and information on how to keep it safe – what are we doing with the data and how are we protecting it?
- Make complex data/information accessible to all communities, and explain what it means, how it will be used, etc.

- How are OHA and LPHA adopting more culturally competent data collection practices?
- OHA and LPHAs can develop plan for training and hiring more culturally competent epidemiologists and do more qualitative data collection and analysis. What is the plan to build capacity for OHA and LPHA to deliver these supports?

Capacity Building

- Handle administrative burden, major insurance requirements, contracts, etc. Act as fiscal agent and collaborator.
- Develop support infrastructure.
- Build a process for funded and non-funded CBOs to do their work and voice issues of concern.
- Build trust in community members and CBOs through long term commitment to services.
- Get at structural and economic determinates of health through strengthening cross-sector partnerships.
- Establish committees independently tasked with regularly reviewing non-discrimination regulations and recruit a diverse board.
- Cross check evaluations and feedback with CBOs and community coalitions to ensure they are accessible and make the evaluation process transparent, fair, and accessible. Make sure there are no negative repercussions from providing feedback.
- Invite CBOs to attend LPHA staff meetings and talk about what they do, help clarify misconceptions to debunk myths and establish trust.
- LPHA being open to work with CBOs and community members, inviting them into a space to dialogue about community needs.
- LPHAs serve as a hub for addressing community needs but also allowing for other needs/issues to be able to share/educate on a particular issue

(e.g., queer rights), find common ground across cultures, and embrace intersectionality/different identities/lived experiences.

- Include external partners (e.g., CBOs) on hiring panels when possible.
- Plans or practice to actively engage with communities in development of State Health Improvement Plan (SHIP), outside of public comment.
- Engage CBOs to help create Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP).
- Equitably compensate subject matter experts (SMEs) from the community.
- Share findings and results of assessments with the community in a way that is accessible and meaningful for community.
- Ensure that government agencies that set requirements also provide technical assistance in understanding how to meet them.
- Create receptive mechanisms for receiving and integrating information/resources shared by CBOs.
- Spend time in the communities served, make connections, be a presence and get to know people. Be in kinship with CBOs/community to understand us.
- Develop dashboard/platform that tells CBOs who has been engaged, what projects/work they are a part of so that multiple state/local staff do not ask for similar help, give more voice to community by expanding involvement, avoid duplication, and encourage efficiency.
- Ensure that there is more participation by wider groups – not just the same folks from the same organizations.
- Have realistic expectations for participants and recognize and correct privilege in positions.
- Establish relationships with several communities to not overtax one person/group, but also to include varied experiences/perspectives.
- Develop relationships and processes for authentic engagement and representation – know how partners want to be invited and involved.
- Bring in CBOs as contractors.

- CBOs and LPHAs may help each other to identify candidates for job positions, and identify people with the needed knowledge, abilities and skills.
- Organize informational interviews or job shadowing between LPHAs and CBOs to help fill in their knowledge base about services provided, populations served, and gaps in services to specific populations.
- Lower barriers by hiring to accounting for lived experience.
- Set up informational interviews for job applicants and applicant Q&A workshops. Lean into better communication about what these positions are.
- Utilize internships as an opportunity for state/local partnerships with CBOs.
- Share capacity assessment data with CBOs, specifically information about workforce capacity and needs, and then working with CBOs to identify and recruit candidates from the community. Additionally, by sharing this data with CBOs, CBOs are better able to provide training and resources to support community members in developing the skills needed within the workforce.
- Provide opportunities for community review of position descriptions and classification requirements.

Communications

- Support CBO-led educational campaigns.
- Give freedom to CBOs to engage in communications and campaigns that are relevant and appropriate to the communities they serve.
- Education, awareness, and outreach about what inequities exist, and how social determinates of health influence overall health.
- Connect with communities in ways that make sense to them – create and hold a gracious space of understanding and empathy.
- Try to connect with CBOs that can do the work LPHAs do not offer, partner with outreach events, and refer folks to services.
- Simplify technical language.

- Develop communication opportunities for community members to get engaged (requirements in state law) - emails, listservs, etc.
- Resource development – create educational materials in multiple languages and formats to be accessible to all community members.
- Cultural competency training.
- Foster diversity in the workforce and provide stipend for bilingual staff.
- Help define what meaningful cultural responsiveness is in order to move into this work with greater understanding.
- Leave space for communities to articulate their concerns and what cultural responsiveness means to them. Design standards for communication with people from the populations they are trying to respond to and have them set those metrics – recognizing that our people are still their people (the people CBOs serve are also the people state and LPHAs serve).
- Actively reach out to CBOs to make sure that they have the information they need and can distribute it to their communities.
- Participate actively in feedback loops.
- Develop response tools and mechanisms to inform community about how issues are being addressed and what progress is being made.
- Make sure there is enough time to involve community members and connect with regularly scheduled community events (e.g., Community Advisory Council).
- Consider creating culturally specific councils or committees to widen participation (e.g., Spanish speaking councils or committees).
- LPHAs' and OHA's work with community partners on health equity assessments and share findings for input before they are final.
- Communicate early to share preventive information for emerging issues; share what we know. CBOs need early information to begin preparing to communicate with their community (e.g., translating information).

Advocacy and Policy

- Invite CBOs who work with oppressed communities to share common understanding of systemic oppression with those communities and engage them in conversation about it. Make space for and listen to oppressed communities at the OHA/LPHA table. Build and improve trust, understanding and relationships.
- Lean into actively subverting the scarcity model – there is no scarcity of health, though there is scarcity at present of funding for and access to (currently standard) healthcare delivery systems.
- Share informational resources and, education about pending legislation, invite CBOs to meetings and listening sessions, and incorporate feedback into proposals.
- Identify folks who are not at the table and invite them to the space instead of trying to represent them.
- Resource/fund civic engagement efforts and other advocacy education efforts.
- Convene workgroups that are flexible and responsive.
- Communicate clearly and often about opportunities to engage with decision makers.
- Create spaces for CBOs to come together and discuss issues, do the work, and make the spaces meaningful and actionable.
- Form and conduct workgroups that inform documents and processes that will be elevated to state agencies and be incorporated throughout the system.
- Assist in connections and development of leaders to advocate – sharing opportunities and training for how folks can connect with the legislative and decision-making process.
- Report on follow-up, what was done and the impact it had so that communities can hear that changes were made, and stories were heard.
- Engage CBOs and local organizations in helping to set realistic targets and goals that are achievable.

- Give folks information in the ways that work for them. Help people find their own voice and language in a way that makes sense within and for their communities, to tell their stories in their own voice.
- State and local partners need to ensure that CBOs are invited to participate in these spaces in meaningful ways. It is on governmental agencies to ensure that CBO partners have a space at the table and are provided with opportunities share their knowledge and expertise, and to bring in the perspective of the communities they serve in ways that will be respected and valued as part of the process to develop policies and advocate for programs and legislation that will improve the health of all communities.
- State and local partners need to support CBOs in building capacity for policy development. This can include holding workshops, providing technical assistance, and working with coalitions to co-create policies or legislative concepts.
- Make resources available to train folks on effective buy-in, engagement, and advocacy.
- Create and provide templates and messaging guides for giving testimony in advocacy spaces.

Funding

- Advocate for duration of funding (sustainability) and make funding opportunities as impactful and sustainable as possible.
- Leverage data and technology to make sure that funds are helping communities. Strategize on other ways to track the work to ensure it is having an impact.
- The state can create more broad funding opportunities that lean into creativity, coordination, and novel approaches
- Provide funding to address health inequities for training and meetings – make it easier for folks to show up and be present (e.g., childcare, food, transportation, etc.). Make sure to build in these supports before the fact.
- Internal cross-collaboration and flexibility in trying different best practices related to funding.

- Build capacity for communities to advocate for partnerships.
- Request for Proposals (RFP) open and flexible to new ideas or ways of engaging with communities.
- Provide application support, technical assistance and relationship building with CBOs and robust training and technical assistance for local grant applicants.
- Create funding to allow for CBOs and other culturally specific organizations to provide training to other CBOs and LPHAs.
- Share funding lists between state and local public health so that there is better coordination on projects and partners.
- Identify statewide technical assistants to work with communities on funding and grants for free.
- Provide transparency for applicants to see why they did not receive funding.
- The state has a responsibility to find funding mechanisms for CBOs to engage/participate (e.g., compensation for coalition work).
- The state should facilitate connections between CBOs and LPHAs for funding opportunities, matching organizations with intention and thinking about pairings.
- State and local partners need to ensure that information about funding processes is in plain language and that important context is provided. This will ensure that even CBOs that aren't experts in public health can participate.
- Create more opportunities to apply for multiple streams of funding with one application (Public Health Equity Fund model).
- Provide funding for the participation of community members. Showing community partners that they are valued. There should be a designated amount of funding for this. Make it easy to access these funds, not prohibitive, fairness in amounts being rewarded.
- Provide equitable funding opportunities and distribution.

- The amount of effort put into getting the funding needs to be equitable to what is received (e.g., the effort to apply is the same for organizations who are receiving less funding).

Community Partnership Development

- Leverage public health modernization funds to bring partners together. Provide opportunities for warm connections and help to bring in a broad range of organizations.
- Accept, acknowledge, hear, and include partner organizations.
- Foster authentic relationships, acknowledging harm, and working on healing to build trust.
- Keep up to date information so that engagement is effective and understanding of changes.
- Build upon communication and understanding from past engagement.
- Engage in active record keeping maintaining engagement and warm handoffs when there is transition in staff.
- Become more knowledgeable with the work that CBOs and partner organizations do.
- Reduce the burden in contracting processes and reduce administrative and operational burdens on partners (e.g., operating processes).
- Diversify engagement with CBOs on Community Health Improvement Plan (CHIP) committees and Public Health Advisory Councils.
- Recognize and account for various forms of engagement and find ways to be more inclusive (e.g., ad hoc committees or workgroups, listening sessions, etc.).
- Engage partners in-between community needs health assessment cycles.
- Ask partners how they want to be a part of the process, and how they want to be notified about health planning and assessment opportunities.

- Make sure our documents are of value to the community by engaging community organizations early in the process.
- Provide ideas to community on how they can use assessments for their own benefit.
- Give due credit and acknowledgement for work done by community organizations and all contributors – be specific, naming organizations and people.
- Open channels for communication with grantees to get clarity on proposed changes. Be a partner between CBO and OHA.
- Support partners in carrying out grant requirements, share resources, and include them in trainings.
- Ask for feedback and be willing to apply it to make changes.
- Help find ways to uplift community strategies and support them as evidence based.
- Dispel the myths of “evidence-based” and make it more approachable. Use different language so that “evidence-based” does not feel like a barrier. (The term evidence based has been identified by some communities as exclusive because it centers research on white populations, not often considering other approaches that are successful for marginalized communities. These communities don’t often have research to back the support of their approaches, and the approaches are seen as less valid by the scientific community).
- Find less burdensome measures of evidence that we can co-create with partners at all levels.
- Embrace emerging and promising practices (in addition to evidence-based).
- OHA can bring in outside organizations/facilitators to facilitate. This will provide a different set of dynamics in the space and can make the space feel more collaborative.
- Provide more OHA leadership in community to build meaningful relationships.
- Create and host collaborative, and accessible spaces.

- Make sure LPHA can identify local partners (this should be one of the steps in the process of collaboration). Make sure that communities are involved and assisting in connections.
- Make an intentional connection between LPHA Community Health Improvement Plan (CHIP) and OHA State Health Improvement Plan (SHIP).
- Be mindful of honoring community wisdom and knowledge and respect that community are the experts in their own health.
- Believe CBOs/community when they tell you things. Do better at avoiding causing harm and tending to repair when needed. Listen and learn. Be open to learning about your process with CBO engagement.
- Move away from a deficit model to a strengths-based model. Use person-centered and human-centered language.
- Recognize that “common goals” don’t need to mean sharing the exact same goal but finding the areas of alignment.
- Schedule regular connection points rather than only getting in touch when something is needed. Build relationships that can last even when staff change.
- State and LPHA can create and share with CBOs points of contact they have with health-related organizations, organizations representing populations experiencing health inequities, private businesses, and federal, state, tribal, and local government agencies and non-elected officials.

Other/General

- Reciprocate in showing up to CBO spaces.
- Have reliable feedback loops for collecting and integrating information – make sure the work is happening to make corrections. Make transparent how people can provide feedback and compensate contributors.
- Help to connect CBOs and CCOs.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Office of the State Public Health Director at PublicHealth.Policy@odhsoha.oregon.gov or (971) 673-2111. We accept all relay calls.

Public Health Division
Office of the State Public Health Director
800 NE Oregon Street, Suite 930
Portland, OR, 97232
(971) 673-2111
PublicHealth.Policy@odhsoha.oregon.gov
healthoregon.org