

SUMMIT 4 ACCELERATING ACTION REPORT

Catalyzing Cross-Sectoral Partnerships and Community Engagement

A new national summit series launched in December 2021 to explore the future of public health with the theme of Lights, Camera, Action: The Future of Public Health.

This series presents a comprehensive and critical view of the current landscape of public health in the United States and 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 series focuses on four areas to build public health capacity for the future—workforce, data modernization, finance/public health law and multi-sector partnerships and community engagement. 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.

The series is a collaboration of the CDC Foundation, the National Association of County and City Health Officials, Association of State and Territorial Health Officials and Big Cities Health Coalition. Summit support is generously provided by United Health Foundation, the Robert Wood Johnson Foundation and The Pew Charitable Trusts.

The theme of the summits—Lights, Camera, Action—provides a framework through which public health and its partners at all levels can evolve to meet present and future needs.

Summit 4 Overview

This accelerating action report provides an overview of the discussion in 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, held on March 23, 2022. In addition, a video recording of the fourth summit is available on the summit series website at futureofpublichealth.org, along with relevant resources for each summit and the series overall.

Throughout the fourth summit, speakers and attendees discussed the value of community partnerships—including those partnerships with communities most impacted by health inequities and with agencies, organizations and businesses whose work intersects with and supports public health. Throughout the discussions in the plenary session of Summit 4, the breakout groups and the active chat, several key themes surfaced for how to catalyze cross-sector partnerships and community engagement.

This action report frames these topics through the summit series' themes.



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.

Themes for Action

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:

1. Restructure funding opportunities to allow for greater flexibility in how funds are used and longer funding periods to ensure time for success.
2. Rethink impact evaluation.
3. Invest in partnerships for sustainability to strengthen and support coalitions.
4. Strengthen partnerships between business and public health.
5. Address structural racism in public health.
6. Shift power dynamics.

The Way Forward: Initial Actions Informed from the National Summit on Multi-sector Partnerships and Community Engagement

The suggested actions below were informed by participants at the partnerships and community engagement summit and are meant to complement areas of focus from the Bipartisan Policy Center's *Public Health Forward: Modernizing the U.S. Public Health System* report.



Federal Agencies

- Restructure funding opportunities to allow for greater flexibility in how funds are used and allow longer funding periods to ensure time for success.
 - Move toward "disease-agnostic" funding for state, territorial, local and tribal (STLTs) health departments to invest in sustainability and readiness.
 - Increase the duration of funding opportunities to allow time for trust-building and meaningful relationships that are capable of demonstrating consistency of commitment and producing lasting impacts.
 - Ensure funding duration is long enough to allow for results, particularly with newer and more innovative approaches.

- Designate funding to support partnerships and coalitions and provide more flexibility in funding structures so they can be used to support coalition work.
- Rethink impact evaluation to allow for greater flexibility in data collection to provide grantees with more agency in determining what is measured and how.
 - Invest in data systems integration for cross-sector partnerships.
 - Elevate qualitative data in evaluation, reporting and communications.
 - Prioritize trust-building and meaningful relationships as key process and outcome indicators.
 - Allow for agility and community governance in reporting so that partners can make changes to reporting based on community needs.
 - Provide flexibility in data reporting—avoid restrictive formatting, timelines, allow different modes of demonstrating/reflecting impact beyond traditional documentation, e.g., community member employment, community activation/civic participation, community valuation.
- Invest in partnerships for sustainability and strengthen and support coalitions.
 - Build into funding mechanisms, staff, time and infrastructure for continuation and deepening of partnerships outside of emergencies or beyond a particular project or grant.
 - Reimagine the needed skills and expertise to expand the public health workforce of the future to include staff who focus on partnerships, community engagement and equity and racial justice to create dedicated community outreach staff positions, and value their expertise by paying them well.
- Strengthen partnerships between business and public health.
 - Acknowledge and explore the adverse impact on business of the pandemic and the required public health responses. Engage business partners to collectively determine how these impacts can be addressed and how to prevent adverse impacts in a future public health crisis.
- Address structural racism in public health.
 - Normalize truth-telling by documenting and explicitly acknowledging historical harms at every level—federal, tribal, territorial, state and local—along with a commitment to repairing these harms. Work with community partners to identify how these harms can be repaired.
 - Institutionalize capacity building within public health to support staff at all levels in their understanding, application and advocacy of anti-racism in public health.
- Shift power dynamics.
 - Institutionalize a paradigm shift and train public health workers to take an asset-based approach to working with community partners, rather than focusing on deficits.
 - Compensate community partners fairly and equitably for their time and expertise.
 - Build in funding and infrastructure provisions into grants to support external facilitators in cross-sector and community partnerships and coalitions, particularly in the early stages.



National Organizations

- Support greater flexibility in funding for tribal, territorial, state and local public health and their community partners.
- Rethink impact evaluation to allow for greater flexibility in data collection to provide grantees with more agency in determining what is measured and how.
 - Promote investment in data systems integration for cross-sector partnerships.

- Invest in partnerships for sustainability and strengthen and support coalitions.
 - Document partnerships established during the COVID-19 pandemic and develop and support infrastructure to nurture and sustain those partnerships moving forward.
 - Utilize tools to identify and document the needed skill sets for successful coalitions.
 - Train public health workers in the skill of “bridging” to build relationships between dissimilar people or groups.
- Address structural racism in public health.
 - Normalize truth-telling by documenting and explicitly acknowledging historical harms at every level—federal, tribal, territorial, state and local—along with a commitment to repairing these harms. Work with community partners to identify how these harms can be repaired.
 - Institutionalize capacity building within public health to support staff at all levels in their understanding, application and advocacy of anti-racism in public health.
 - Develop a toolbox of case descriptions to explain the importance of anti-racism to public health work in ways that would resonate in different settings.
- Shift power dynamics.
 - Institutionalize a paradigm shift and train public health workers to take an asset-based approach to working with community partners, rather than focusing on deficits.
 - Identify what power public health is willing to give up to engage in co-creation, shared decision-making and building equitable power structures in community partnerships, and be clear about that intent when approaching potential partners.



State and Local Governmental Public Health

- Allow for greater flexibility in how funds are used and longer funding periods to ensure time for success.
 - Increase the duration of funding opportunities to allow time for trust-building and meaningful relationships that are capable of demonstrating consistency of commitment and producing lasting impacts, especially with newer and more innovative approaches.
 - Provide funding directly to support coalition work and to community-based organizations who serve as vital partners with governmental public health. Utilize community coalitions as funding intermediaries for joint public health efforts.
- Rethink impact evaluation to allow for greater flexibility in data collection to provide grantees with more agency in determining what is measured and how.
 - Promote partner-defined metrics as much as possible.
 - Elevate qualitative data in evaluation, reporting and communications.
 - Allow for agility and community governance in reporting so that partners can make changes to reporting based on community needs.
 - Ensure a shared vocabulary for measuring progress when partnering with organizations that are less familiar with public health.
 - When working with community-based organizations, consolidate reporting to decrease burden of these organizations to encourage their participation in coalitions/partnerships.
 - Provide flexibility in data reporting—avoid restrictive formatting, timelines, allow different modes of demonstrating/reflecting impact beyond traditional documentation, e.g., community member employment, community activation/civic participation, community valuation.

- Invest in partnerships for sustainability and strengthen and support coalitions.
 - Build in funding, staff, time and infrastructure for continuation and deepening of partnerships outside of emergencies or beyond a particular project or grant.
 - Document partnerships established during the COVID-19 pandemic and develop and support infrastructure to nurture and sustain those partnerships moving forward.
- Build in infrastructure for ongoing partnerships between business and public health to support employee wellness within and beyond the workplace.
 - Normalize ongoing partnerships between business and public health by engaging business partners in regular public health planning activities at the local level.
- Address structural racism in public health.
 - Normalize truth-telling by documenting and explicitly acknowledging historical harms at every level—federal, tribal, territorial, state and local—along with a commitment to repairing these harms. Work with community partners to identify how these harms can be repaired.
 - Institutionalize capacity building within public health to support staff at all levels in their understanding, application and advocacy of anti-racism in public health.
- Shift power dynamics.
 - Institutionalize a paradigm shift and train public health workers to take an asset-based approach to working with community partners, rather than focusing on deficits.
 - Compensate community partners fairly and equitably for their time and expertise.
 - Build in funding and infrastructure to support external facilitators in cross-sector and community partnerships and coalitions, particularly in the early stages.



Academia

- Rethink impact evaluation to allow for greater flexibility in data collection to provide grantees with more agency in determining what is measured and how.
 - Promote partner-defined metrics as much as possible.
 - Elevate qualitative data in evaluation, reporting and communications.
 - Ensure a shared vocabulary for measuring progress when partnering with organizations that are less familiar with public health.
- Invest in partnerships for sustainability and strengthen and support coalitions.
 - Reimagine the needed skills and expertise to expand the public health workforce of the future to include staff who focus on partnerships, community engagement and equity and racial justice to create dedicated community outreach staff positions, and value their expertise by paying them well.
 - Utilize tools to identify and document the needed skill sets for successful coalitions.
 - Train public health workers in the skill of bridging to build relationships between dissimilar people or groups.
- Address structural racism in public health.
 - Normalize truth-telling by documenting and explicitly acknowledging historical harms at every level—federal, tribal, territorial, state and local—along with a commitment to repairing these harms. Work with community partners to identify how these harms can be repaired.
 - Institutionalize capacity building within public health to support staff at all levels in their understanding, application and advocacy of anti-racism in public health.
 - Develop a toolbox to explain the importance of anti-racism to public health work in ways that would resonate in different settings.

- Shift power dynamics.
 - Institutionalize a paradigm shift and train public health workers to take an asset-based approach to working with community partners, rather than focusing on deficits.
 - Compensate community partners fairly and equitably for their time and expertise.
- Assess how flexibility and agility provided to public health and business partners (such as pharmacies) during the pandemic facilitated effectiveness and how it could be maintained in non-emergency times.



Business Partners

- Maintain momentum on innovation and rapid response from lessons learned during COVID-19 between public health and business.
- Build in infrastructure for ongoing partnerships with public health to support employee wellness within and beyond the workplace through measures such as:
 - facilitate access to routine vaccinations for employees and their families;
 - provide support for employee mental health;
 - provide caregiver support for employees caring for children, parents or other family members;
 - partner with public health agencies to identify investment opportunities for improving social determinants of health in communities where employees live and work; and
 - since business and public health are trusted messengers, it is important to speak from the same playbook, using the same messages and vocabulary.
- Amplify public health messaging and partner with public health for implementation of emergency measures in times of crisis.
- Increase understanding of how improving public health and health equity translates into business and economic impact.
- Assess how flexibility and agility provided to public health and business partners (such as pharmacies) during the pandemic facilitated effectiveness and how it could be maintained in non-emergency times.
- Document partnerships established during the COVID-19 pandemic and develop and support infrastructure to nurture and sustain those partnerships moving forward.
- Authentically engage with and provide support to community-based organizations as partners.

Sharing Ideas and Learning More

Summit participants and others are encouraged to share ideas and examples of innovative actions to improve multi-sector partnerships and community engagement in public health. To share examples and ideas and for more information on the partnerships and community engagement summit, go to the [Lights, Camera, Action: Future of Public Health](#) website to view a recording of the fourth summit, read the full report and listen to the podcast.



Communities

- Invest in partnerships for sustainability and strengthen and support coalitions.
 - Define roles and responsibilities within coalitions and distribute these equitably between coalition partners according to strengths, not size.
 - Build in time to learn each other's languages early on in partnerships with other sectors.
 - Develop a shared theory of change and cocreate shared vision and goals for effective partnerships.
- Document partnerships established during the COVID-19 pandemic and develop and support infrastructure to nurture and sustain those partnerships moving forward.
- Strengthen partnerships between business and community-based organizations and coalitions.