An Equity-centered Public Health Ecosystem: Partnerships between Government and CBOs

Communities need solutions that are targeted, sufficiently-resourced, sustainable and meet their needs, cultural norms and styles of communication. But how can we accomplish this with the gaps in the public health system?

WHAT AN EQUITABLE PUBLIC HEALTH ECOSYSTEM LOOKS LIKE

How CBOs support communities:

- Are embedded in communities
- Are trusted messengers
- · Know what communities need best
- Use culturally rooted approaches

COMMUNITIES

Public health starts with communities and should center those disproportionately impacted by the systemic causes of poor health.

How government supports communities:

- Identify and disseminate evidence-based solutions
- Maintain data systems, laboratories and disease surveillance
- · Increase access and equity

COMMUNITY-BASED ORGANIZATIONS

Led by people from the communities they serve and bring community-rooted knowledge, practices, trust and competency to public health.



GOVERNMENTAL PUBLIC HEALTH

Best equipped to tackle major issues and recommend wide-reaching solutions that address the needs of large populations.

How intermediaries support CBOs:

- Provide funds quickly at the time of the award
- Provide technical assistance and build capacity
- Provide communities flexibility to tailor interventions to unique community needs
- · Center community expertise and power

INTERMEDIARY NONPROFITS

Help communities access the flexible funding, resources and support they need quickly and efficiently, serving as a bridge between government and CBOs.

How intermediaries support government:

- Create tailored solutions that meet community needs
- Rapidly hire, contract and stand-up programs that direct funding where it is needed most
- Allow greater flexibility, creativity and reach into communities with unique needs

HOW INTERMEDIARIES CAN HELP BRIDGE THE GAPS

The unique capacities of a knowledgeable partner ensures governmental public health can find, engage, partner with and fund community-based organizations—intermediary nonprofits like PHI can form the bridge between governmental public health and community-based organizations, helping government identify and more effectively fund community-based organizations while giving CBOs the support, thought-partnership and guidance needed to access and succeed in public sector partnerships.

More specifically, intermediaries can:

- Act more nimbly than governmental public health in crucial, sometimes
 life-or-death, moments to administer much-needed funds that can be used flexibly
 to meet the most urgent needs of communities.
- Quickly hire and recruit for critical positions as well as connect government agencies
 and departments with community health workers from CBOs to address the shortage
 of public health capacity.
- Process awards and contracts in days, instead of weeks and months, and meet other legal, compliance and human resources guidelines that allow governmental organizations to get their funding directly where it is needed, rapidly and efficiently.
- Provide direct technical assistance to CBOs, connect CBOs to funds and resources
 they may not have been aware of or have access to previously, and create space for
 shared learning, creativity and collaboration between other CBOs and public health
 agencies or departments. They work across jurisdictions to connect communities who
 may be isolated but share common language or culture.
- Develop and expand the capacity of CBOs and governmental public health, ensuring they can continue to support health equity work far into the future and developing a public health workforce made up of community members who can understand and are trusted by their neighbors.
- **Serve as trusted collaborators** with CBOs, with whom they can communicate without the power imbalance inherent in funder-grantee relationships.

We will see a more robust and equitable public health sector if government public health agencies and departments include CBOs and intermediary nonprofits at the table to shape, implement and drive public health decisions.