PARTNERING WITH COMMUNITIES
You can’t come in and fix it for me because you don’t know what I need to have fixed.”
— Joyce Smith, president of Operation ReachOut Southwest

Partnering with community members is a powerful way for your institution — whether a health department, housing authority, or hospital — to learn directly from the people who will be most affected by your work, increase your potential for success, broaden your ability to reach new partners, and create advocates for policies that support your work where your own ability to advocate might be limited. Working in genuine partnership with communities is also one way to begin to remedy the harms of systemic discrimination by shifting decisionmaking power and aligning institutional priorities and practices with those who can benefit from your institution’s resources.

In the context of this guide, “community” means the intended beneficiaries of the initiative or work your institution is undertaking. This is seldom limited to your institution’s direct clients, patients, or residents. The broader community often includes neighbors, faith-based groups, tenant organizing groups, and other organizations through which community members express their collective interests or will.

Community Engagement vs. Community Partnerships?

Many institutions or organizations may start their housing and community development efforts with a broad, amorphous goal to “engage the community.” Engagement is a catchall term that can be applied to activities as simple as an informational workshop or as robust as a resident-led campaign. Different levels of engagement are appropriate in different contexts.

In this guide, “community partnerships” refer to sustained engagements in which community members influence the policies, processes, and practices that drive an initiative, and how the resources of that initiative are allocated. The structure of a community partnership may depend on the context, resources, timing, and needs of a particular initiative, but one key, ongoing element is your commitment to work with community members and incorporate them into decisionmaking processes and evaluation of the work.

Why Create Community Partnerships?

Many of the communities that public health departments, housing authorities, and hospitals serve have suffered intergenerational disinvestment, discrimination, and disenfranchisement. In many cases, the experience of confronting ongoing poverty, racism, and other forms of systemic and institutional discrimination are traumatic. Creating inclusive community partnerships is one way to begin to remedy the harms of disinvestment, discrimination, and disenfranchisement.
Partnering with community members also makes your work more likely to succeed. As Talib Horne, executive director of Baltimore-based Bon Secours’ Community Works said, “Very rarely do we do things unless the foundation is based on a conversation that we have with the community, because otherwise people won’t show up.” Community members bring valuable experience and insight about what’s needed, what works, and how people are already navigating complex safety-net systems. Community members also have the ability to pull in new partners and resources, and to advocate for supportive policies when institutions cannot.

Investing the time to ensure that community members are not just learning about an initiative but shaping its direction not only contributes to the ultimate success of the effort, but also is itself a health-promoting activity. Building trust and cohesion in communities has been shown to reduce mortality, coronary heart disease, and mental disorders, as well as increase healthy behaviors. By shaping the direction of an institution’s resources, policies, and practices, community members can work with staff to confront the inequitable conditions that cause poor health. Public forums that generate authentic discussions about the trade-offs of particular efforts and create pathways into decisionmaking processes are integral to individual and collective well-being.

What Do Community Partnerships Look Like?

Community partnerships vary depending on who sits at the table, the goals of the partnerships, how decisionmaking is structured, and contextual factors like political climate, geographic area, and historical relationships. Each of the 3 organizations that we followed used a variety of processes to generate and institutionalize community input and leadership.

**The Alameda County (California) Public Health Department** began by leading a series of community-based participatory research projects to generate health needs assessments. That needs assessment was then used to generate ACPHD’s reports on the health inequities in Alameda County. The reports informed a series of gatherings where residents and community-based organizations prioritized which policy issues the health department should focus on. Those issue areas became the foundation of the housing workgroup, which meets monthly and is one of the primary ways that the department advances its health and housing initiatives.

**The Denver Housing Authority** engages community members as a central part of its housing redevelopment projects. This means working with both the residents within their buildings as well as people who live and work in the neighborhood where those buildings are situated. They use a variety of outreach methods, ranging from surveys to community meetings to hiring residents, to engage their neighbors. The information elicited from community outreach is used to inform their redevelopment process, define indicators for project assessment, and prioritize programs and services they support in their buildings. For example, after hearing that child care was an issue for residents of the Mariposa neighborhood, DHA focused on bringing Catholic Charities into one of its commercial spaces to provide child care.
Bon Secours Hospital in Baltimore engaged community members when it sought to address neighborhood conditions that were affecting its ability to provide health care. This led to a series of community forums to identify needs and build trust with the residents who lived around the hospital. As momentum built, the hospital staff became committed to providing community services based on their conversations with their neighbors. They supported the formation of a resident-led neighborhood organization called Operation ReachOut Southwest and supported a series of leadership training programs run by outside facilitators to build the capacity of residents to create and advocate for neighborhood plans. Those planning documents were used by the City of Baltimore, Bon Secours, and other institutions to shape redevelopment efforts and create the Bon Secours Community Works program.

Often lacking a dedicated funding stream and rarely fitting neatly into grant timelines, each of the processes took years to develop. In many cases, the process did not start with clear outcomes, and when it did, those outcomes changed over time. In each case, leadership remained fairly consistent, or when transitions took place there was an ongoing commitment to maintain the vision and existing processes and practices.

How to Partner with Communities

There isn’t one way to partner with communities, but there are practices that can help institutional leaders effectively build trust and buy-in with community members and ultimately develop successful initiatives that lead to better health outcomes. While each of the institutions we followed has a different approach to community partnerships, there were several themes we drew from the 3 institutions. To understand how these ideas played out on the ground, we encourage you to read our case studies.

Ensure Institutional Leaders Are Committed

Community partnerships take time and resources. Your institution’s leaders must be prepared to support community partnerships as a central facet of your work. Securing institutional buy-in leads to greater sustainability and success over time. Funding may be limited, but there are many other ways leaders can demonstrate the organization’s commitment, such as establishing partnerships with other organizations or conducting internal trainings on community building, cultural competency, or trauma-informed approaches to work with clients, patients, and community members.

Make Sure the Community Beneficiaries, As Well As Advocates Who Work on Their Behalf, Are Represented from the Outset of the Project

Spend time and resources getting to know the people who will be affected by your efforts. Some institutions may need to collect data through activities such as listening sessions or surveys to help identify potential beneficiaries.
Once the potential beneficiaries are identified, create a strategy to effectively reach out to them. Spend time learning about the institution’s historical relationship with community members, and ask them how this partnership can be shaped and run to better meet their needs and vision for the community. Leverage relationships where trust has already been built and work to repair past or ongoing harms.

Meet community members where they are. If the institution is centrally located and has a good relationship with community members, use the institution as a gathering place. If the institution is far away or not yet trusted, or if communities are scattered, look for alternative spaces to host events. Work to remove barriers like child care and transportation, and create an inviting atmosphere by providing food or other nourishing activities. Hold meetings during times when most residents can attend, which is usually during evenings or weekends. Speak in a way that is familiar and easily understood. Use humor and storytelling to connect with your audience and translate language and technical terms when needed.

Think of community-based organizations as the doorways to wider communities. Work through organizational partnerships and trusted community leaders to connect to community members.

**Clarify Your Goals and Process**

Once you have strong community representation, ensure that everyone knows the goal of the initiative and the boundaries of the engagement. Is the engagement a one-night listening session? Is it an ongoing effort? Be upfront about the limits of a particular activity. Clarify how the institution will use information and how decisions will be made.

**Actively Listen**

Create forums where community members can openly share their experience and expertise. Prepare for instances when community input may yield divergent ideas by working through different scenarios. Ensure that institutional leaders understand that investing in community partnerships means that the outcomes or processes may need to shift. Prepare for circumstances when issues that are not directly related to the topic at hand are brought up by creating a process for follow-up with the appropriate person or agency.

**Engage the Talents of Community Members and Pay Them Fairly for Their Work**

Whenever possible, use your resources to engage, train, and activate new leaders from within the community. Think through all of the roles and opportunities for leadership an effort may generate – facilitating meeting activities, leading conversations with decisionmakers, staffing the initiative – and create the space for community members to step into those roles through paid employment or stipends.

**Prepare to Challenge Existing Power Structures (Including Your Own)**

Remember that an important goal of community partnership is to shift power and resources toward community members. The success of your efforts may require a change to a policy, system, or practice that is rooted in an existing power structure, possibly within your own institution. Sometimes these changes can happen through straightforward activities such as building stronger relationships or educating decisionmakers. In other cases, they may require strategic and sustained advocacy. Spend time with your partners assessing the barriers, whether internal or external, that the initiative may face and seek resources to overcome those barriers. Examine your own institution’s policies and practices through the lens of health equity to identify potentially harmful assumptions or power dynamics.
Move at the Speed of Trust

Cultivating trusting relationships with community members takes time, patience, communication, and humility. Be aware of the damage that past actions by your or other institutions may have caused the community. Use disagreements to practice building trust. Test assumptions before acting on them. Acknowledge and challenge stereotypes partners may hold about the institution or each other. If trust has not been built, slow down.

Move with Urgency & Remain Accountable

Once your institution has built community trust, community members have been heard, and clear themes have been identified and agreed upon, start responding. Maintain clear and consistent lines of communication with community members, especially if they are leading an effort. Ensure that decisionmaking processes are transparent and that there are dedicated spaces and resources to continue to receive feedback throughout implementation.

Follow Through, Stick Around, & Celebrate

Many community engagement efforts focus on visioning activities, needs assessments, or developing plans. But change comes through the hard work of acting on the visions, needs, and plans that communities create. If the vision is big but the resources are limited, break down the plan into smaller implementation phases. Evaluate your efforts with your partners. Celebrate successes no matter the size, and recognize each contributor to keep up momentum and commitment from community members.

Stay Humble

Just because institutional leaders and staff have good intentions doesn’t mean they will be received with open arms. Everyone comes with their own stories and histories that take time to learn, and misunderstandings or mistakes happen. Mistakes can be a healthy opportunity for growth.

Learn More

- The Community Tool Box
- Nine Steps to Authentic Community Engagement
- The Center for Social Inclusion
- Community Readiness: A Handbook for Successful Change

Endnotes

1. Despite an institution’s best efforts, your work may have uneven effects. Some people may benefit, and whether intentional or not, others may be adversely affected. Through ongoing communication with community members, seek opportunities to reflect, adapt, and alter course to reduce the negative consequences of your actions.
13. This is a principle of the Black Lives Matter movement.
14. Interview with Joyce Smith conducted by Allison Allbee 09 13 2016
15. Interview with Talib Horne conducted by Allison Allbee 06 16 2016

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