BRIDGES OVER TROUBLED WATERS

Assessing the national bridging landscape of partnerships between health departments and community power-building organizations

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Health in Partnership

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Health in Partnership (HIP) transforms the field of public health to center equity and build collective power with social justice movements.

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Contents

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Introduction and Background

The field of public health puts equity at the center of its framework for essential services. Centering health equity requires collaborating with communities, and many local health departments partner with community-based organizations (CBOs) on a variety of initiatives. There's a large and growing wealth of resources that highlight the importance of strong relationships with community partners, including CDC Foundation's March 2024 report and APHA's Build & Bridge Library. These resources offer valuable insights and recommendations for public health cross-sector collaborations with community organizations.

Health in Partnership (HIP) transforms the field of public health to center equity and build power with social justice movements. We are committed to pushing the field a step further beyond engaging with community partners – by being explicit about power and prioritizing partnerships with community power-building organizations[1] (CPBOs).

HIP focuses explicitly on CPBOs because they are at the heart of social movements and CPBO partnerships offer models of community co-governance with administrative agencies. With their explicit emphasis on base-building and community organizing, CPBOs build collective power that is necessary in order to shift political conditions and change the policies and systems that perpetuate inequities. This is the foundation for community power – the ability of communities most impacted by inequities to organize a base of people to set political agendas, shift public discourse, influence who makes decisions, and have mutual accountability with decision makers.

Public health departments can be valuable partners in this transformational work. Public health's orientation towards community collaboration and health equity offers CPBOs an opening within government apparatus to develop community-centered co-governance models. Through harnessing shared power and decision-making towards common goals, bridging partnerships between health departments and CPBOs are a small but essential part of reclaiming democratic public institutions for community priorities.

Despite the potential of these partnerships, there have been relatively few examples to point to. To address this, HIP and other leading public health organizations invested in field-building

1 We use the Lead Local CPBO definition: Organizations that may be identified by geography (local, state, regional, national), demography (e.g. youth, workers, multi-racial) or issue(s) (e.g. workers rights, environmental justice, multi-issue) who conduct a range of activities including base-building. Other terms sometimes used to describe CPBOs include but are not limited to: grassroots organizing groups, social movement groups, movement-building organizations, community-based organizations, community organizing groups, base building groups.

to grow this nascent but promising practice. Starting in 2018, HIP's Power-building Partnerships for Health (PPH) convened four PPH cohorts to develop partnerships between 17 pairs of health departments and CPBOs. HIP also created various resources to guide others in this work: the Health Equity Guide (healthequityguide.org), which includes case studies and strategic practices for local health departments; a report based on a survey of health departments who worked with community organizers; and resource guides for how to collaborate with CPBOs. We've highlighted individual partnerships in various formats including academic publication, blogs, and case stories.

In 2022, HIP established the Bridging Partnerships and Strategies Program as the home for PPH and other efforts focused on health department-CPBO ("Bridging") partnerships. Our Bridging work brings intersectoral partners together, builds capacity to work together, and shifts the broader public health ecosystem towards community power-building priorities. This includes: identifying the capacities necessary to do this work; working with partners to build skills; documenting wins; case-making through evaluation, case studies, and storytelling; and building buy-in among both public health and CPBOs to engage in bridging work together.

Through years of this field-building work, HIP has accumulated information about an increasing number of bridging partnerships, through both direct relationships and word of mouth. Within public health, there has been a growing interest in community power-building and an increasing number of examples of partnerships with CPBOs. Yet still, it is an emerging area of practice that is under-documented and not widely recognized within public health.

HIP undertook this landscape assessment in an effort to identify and map known bridging partnerships, compile information about them, and identify trends and gaps. The process took place in stages over several years. The data gathered for the assessment is based on a survey of existing partnerships between CPBOs and health departments, prior HIP reports, and current information from HIP's Bridging work. In combination with other recent publications of four case stories and The Five Dimensions of Inside-Outside Strategy guide and accompanying Toolkit, this represents the latest offerings in our Bridging work.

None of these partnerships exist in a vacuum. We are living through complex and difficult times marked by rapid change and overlapping crises — the "troubled waters" over which these partnerships are building bridges. The COVID-19 pandemic and emergency response efforts, climate disasters, police violence, mass shootings, ICE raids, funding cuts, and the countless other daily challenges of living under injustice and oppressive systems have deeply impacted this bridging landscape and the partnerships in it. And it must be noted that this landscape assessment was conducted before the 2024 US federal election, which ushered in deep anti-government and anti-community narratives, systems, and policies.

Despite the challenges, these partnerships are developing pathways towards a more just future. By mapping the landscape, this assessment offers a resource to those seeking to chart their way to more liberatory futures using transformative public health approaches.

Summary of key findings, takeaways, and recommendations

Findings	Analysis / Key Takeaways	Recommendations
Broad range of intersecting issues; top areas were racial justice, environmental justice, housing justice, immigration justice and labor justice/workers rights	There are many areas of alignment and opportunities for bridging partnerships to advance shared goals	**Develop practice of inside-outside strategy around root causes of public health issues** - Use HIP's Five Dimensions guide and toolkit to nourish relationships, deepen leadership, build capacity, navigate political landscapes, and hone analysis - Emphasize growth and learning to develop this promising practice within public health
Public health has growing interest in power-building	Within public health there is growing interest but lack of clarity about power-building	
71 partnerships identified and mapped	The landscape has a limited but growing number of partnerships – it is a compelling approach for health departments seeking deeper ways of working with communities	**Increase breadth and depth of partnerships in the landscape** - Center relationships; it can be time and resource intensive but is what makes this work successful - Deepen existing partnerships with new connections and broader networks - Focus new relationships/outreach to fill in some of the identified gap areas
Geographic emphasis on California, upper midwest, and northeast; rest spread out nationwide with some gaps	The bridging landscape is geographically uneven with gap areas	
7 jurisdictions have multiple CPBO partnerships that make up one fourth of the total number	Engaging in bridging partnerships builds muscle for subsequent partnerships, as evidenced by locations with clusters	
Partnership status: 15% sunsetted, 41% ongoing, but 44% unknown status; Duration: 0-23 years, mean 5.4 and median 3 Half the partnerships were 3 years old as of 2022 (started during COVID times)	COVID-19 had a dramatic impact on the bridging landscape, though that impact was not uniformly experienced	**Amidst crisis, seek new opportunities for collaboration and sustainability** - Bridging partnerships can be forged in crisis and are much needed for navigating crisis - Bring in additional people so partnerships not dependent on any single person in a role - Encourage general operating funds to grow movement infrastructure and facilitate new connections with public health - Identify ways for CBOs to grow into CPBOs
	Sustainability is a challenge for both health departments and CPBOs	

Goals, Methods, and Data Sources

The purpose of this report is to characterize the landscape of partnerships between community power-building organizations (CPBOs) and governmental public health departments in the United States. It is intentionally broad – we identify and describe existing partnerships and provide some analysis and key takeaways with general recommendations.

Goals

The specific goals for the landscape assessment are to:

- Map partnerships between health departments and CPBOs
- Compile information on health department-CPBO partnerships to develop a database of partnerships
- Identify trends and gaps in the landscape of health department-CPBO partnerships
- Develop insights and recommendations to inform HIP's Bridging work in building successful and trusting relationships between health departments and CPBOs

Unit of analysis

The focus of this landscape assessment is partnerships between community power-building organizations and health departments. Therefore, 'partnership' is the unit of analysis we used to generate the landscape map and compile information for the database. We did not require partnerships to be formal, such as having a signed MOU, contractual agreement, or other formal designation. Any collaboration on a campaign, project, or other initiative was sufficient to count as a partnership as long as a governmental public health department was collaborating with an organization that met the definition of a CPBO (discussed below in inclusion criteria). When a health department collaborated with multiple CPBOs on separate distinct projects, each partnership was counted separately. However, if multiple CPBOs were part of the same project or collaboration, that was counted as one partnership and the organizations were listed together as members of that partnership.

Data sources for identifying partnerships

A total of 71 partnerships are included in this report. We identified these partnerships by compiling information from multiple data sources including prior HIP reports and direct sources from working relationships with some partnerships. These were supplemented with new data from landscape assessment surveys conducted in 2022 and application materials for the 2023 cohort of Power-building Partnerships for Health (PPH).

The following table summarizes the data sources along with the number of partnerships that each source contributed to the overall bridging landscape. They are not mutually exclusive — there is overlap between the data sources with some of the partnerships appearing in multiple sources.

Data sources	Landscape partnerships
Building Power to Advance Health Equity: Findings from a Survey of Health Departments about their Collaborations with Community Power Building Organizations, HIP's October 2020 report for The Lead Local Collaborative	29
Landscape assessment survey conducted June-July 2022 and November 2022-January 2023 (n=96)	27
Application materials for the 2023 PPH cohort (n=50)	20
Evaluation reports and programmatic data from HIP's Power-building Partnerships for Health (PPH) program for cohorts between 2018 and 2024	17
HIP's Health Equity Guide case studies, published articles, and other direct sources of information about partnerships	16

Inclusion criteria

To be counted as a partnership for this landscape assessment, we adapted the inclusion criteria used in the *Building Power to Advance Health Equity* report. There needed to be **a health department partnership with an identified community organization fitting the Lead Local definition of a community power-building organization.** To identify whether a community organization fit this definition, we assessed publicly available information about the organization and drew on HIP staff's working knowledge of organizations. We determined the community organization was a CPBOn if it:

- Had an explicit focus on organizing or power-building
- Had a membership base that it organizes and is accountable to
- Used a decision-making process guided by its membership base

The *Building Power to Advance Health Equity* report's Appendix C includes detailed descriptions of the case-by-case basis for inclusion or exclusion for different types of organizations along with examples of types of organizations that were generally excluded unless they described an explicit activity focused on organizing and building power. We applied these criteria as we added additional sources of data and carefully considered which partnerships to include in our landscape.

Determining which organizations met these inclusion criteria was a complicated and semi-subjective task that resulted in a number of partnerships being excluded from this landscape assessment, primarily because the community organization was not actually a community *power-building* organization. For example, only 27 partnerships were included out of the 96 landscape assessment surveys submitted, and only 20 partnerships were included out of 50 PPH applications.

Qualitative data on partnerships

The data sources described above were used to identify the 71 partnerships in Table of Partnerships Between Community Power-Building Organizations and Health Departments (Appendix). There were different levels of detail available in each data source, with much more qualitative data available for the partnerships that HIP has worked with directly and more recently. This informed our understanding of the landscape which is described in the Analysis and Key Takeaways, and Recommendations sections of this report.

Direct experience working with multiple cohorts of Power-building Partnerships for Health (PPH) provided valuable qualitative information for this landscape assessment. We pulled insights from the evaluation reports and internal evaluation data for the 2018-2019 and 2021-2022 cohorts as well as the published case study about the focused technical assistance provided through PPH in 2020.

HIP's Bridging Program, which formed in 2022, created an application process for the 2023 and 2024 PPH cohorts which required completing the landscape assessment survey. In addition to the survey, the applications included a joint narrative from both the health department and CPBO, as well as materials about CPBOs' community organizing work and health departments' equity work. Reviewing application materials helped make determinations about inclusion in the landscape assessment and informed our understanding of trends and dynamics in the field. We also conducted group interviews with thirteen (13) finalists from the PPH applications and documented qualitative information about their partnerships through interview notes.

Last but not least, the most detailed and current information comes from HIP's direct work with the eight partnerships that participated in the 2023 and 2024 PPH cohorts. PPH program activities included monthly meetings with each of the partnerships, monthly full cohort discussions, and two in-person multi-day retreats. These activities generated numerous insights and qualitative information, documented in meeting notes and internal evaluation surveys, about the current landscape and dynamics of their partnerships.

Outside of PPH, current and past HIP staff contributed supplementary qualitative data to inform our analysis and understanding of this landscape – this includes institutional memory and documents, personal knowledge, and firsthand experience. These reflections were compiled through in-person and virtual focus groups, individual conversations, and staff input to the landscape assessment list and working database. We also draw from publicly available online materials about partnerships including organizational websites, articles, reports, and other available materials about partnership activities.

Limitations

Given the multiple types of data sources and the varying range of first- or second-hand knowledge about various organizations or partnerships, we did not have access to consistent information in the landscape. In fact, uneven levels of information and details about these partnerships is one of the defining elements of this landscape. With this in mind, this report faithfully captures our best attempts to document the existing landscape based on our own access to information and orientation within the landscape. We did not attempt to contact or conduct interviews with partnerships for this assessment, and were limited to available public or first-hand experiential information we had.

We also acknowledge that this is not a complete list of the entire universe of partnerships - the survey responses and dataset are biased based on connection to HIP through past collaborations, being on our mailing list, applying for PPH or being connected to one of HIP's partners. When information was limited it was not always possible to apply the full set of inclusion/exclusion criteria, and the interpretation of the criteria is often not clear cut. When uncertain, we made best attempt determinations based on the information available to us.

This report is not designed as an evaluation – it does not attempt to assess overall impacts or outcomes for any particular partnerships in the landscape. We intentionally emphasize breadth over depth for this report and are keeping the majority of detailed information about the partnerships confidential for internal use only. We've published other evaluation reports and there are a number of resources, both from HIP and others, that evaluate effectiveness and highlight the impacts, outcomes and importance of community power for health.

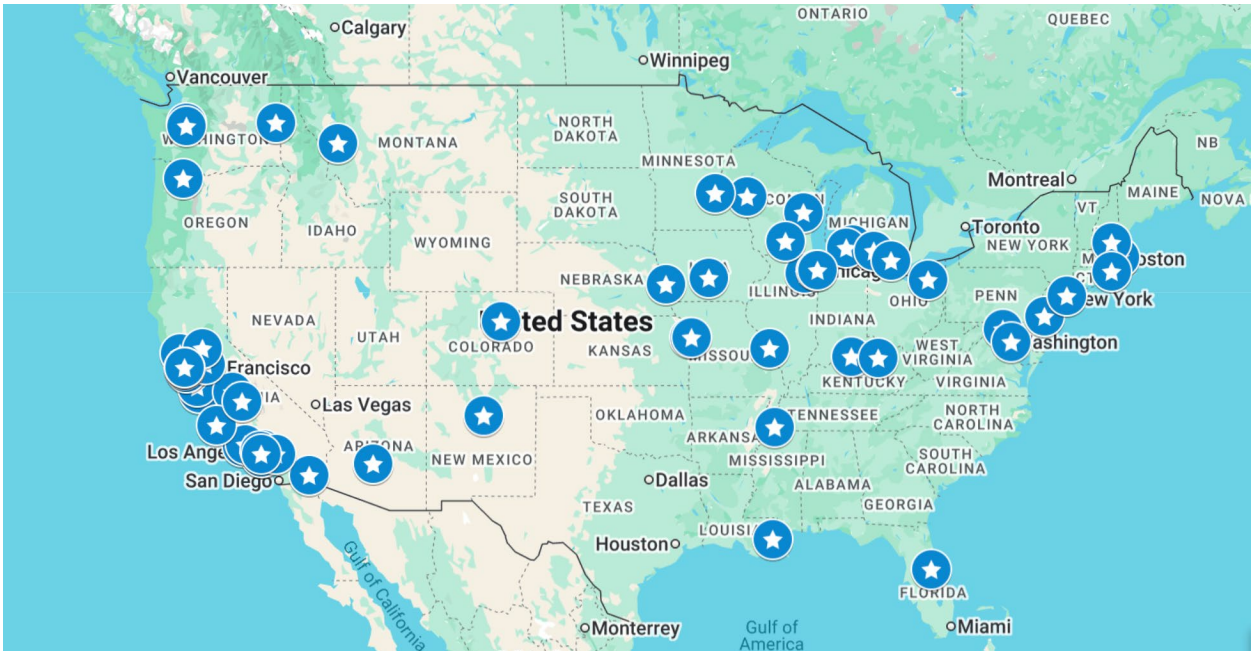
The Bridging Partnership Landscape: Geography, Status, and Topic Issues

This report consists of 71 partnerships between community power-building organizations and health departments. A list of all included partnerships is available in an Appendix with the following information:

- Location
- Community Organization (CPBO)
- Health Department
- Partnership status (ongoing, sunsetted, or unknown)
- Campaign / project collaboration (brief summary of shared work with hyperlinks to public information about their collaboration, when available)

Geographic distribution: HIP's Bridging Landscape Map

Visit this digital map (also pasted below) to see the locations of the partnerships, and click through to see more detail about each of the partnerships on the map.



While there are partnerships across the country, they are clustered in certain regions — particularly in California and the upper Midwest, with smaller clusters along the Northeast Mid-Atlantic Coast and Pacific Northwest. CPBOs themselves are not equally distributed across the US, and to a certain extent this map reflects that. Partnerships are only possible in locations that have active CPBOs, which are more common in places with more people and greater racial and ethnic diversity. At the same time, there are visible gaps in places that do have very active social movement organizing with many CPBOs, particularly in the South including the Gulf South, Southeast, and southern border areas.

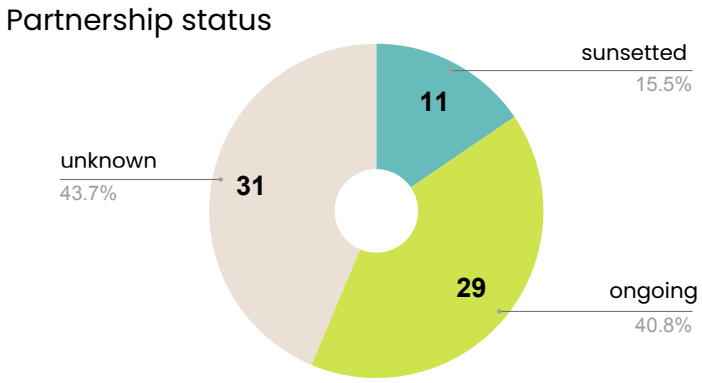
The 71 partnerships are distributed across 26 states and Washington DC. Additional patterns include:

- California has the largest number of partnerships in the landscape, with 32 partnerships (45% of the total). These tend to be clustered in Metro regions, with six in the Bay Area, four in Los Angeles, and three in Long Beach.
- Michigan is next, with five partnerships (7% of the total).
- Illinois, Washington, and Wisconsin each have three partnerships.
- There are 18 states that only have one partnership included in the landscape, and 24 with none.

Since health departments have jurisdiction in a defined area, there can be multiple partnerships of the same health department working with different CPBOs. For example, there are seven health departments in the landscape with multiple partnerships, primarily in California: Los Angeles County Department of Public Health (4), San Francisco Department of Public Health (4), City of Long Beach Department of Health and Human Services (3), Alameda County Public Health Department (2), Monterey County Health Department (2), San Mateo County Health (2), and in Michigan the Ingham County Health Department (2). Combined, the 19 partnerships in these seven jurisdictions make up 26% of the overall landscape.

Partnership status

Not all of the partnerships are currently active, and below we describe “partnership status” as ongoing, sunsetted, or unknown. This is not a question that was asked directly, but assessed through working knowledge of the partnerships. The chart below shows the status of the 71 partnerships in the landscape: there are 29 ongoing (41%) which is more than the 11 that we know sunsetted (15%), but the largest are the 31 (44%) that are unknown.



Topics / focus issues

The partnerships in this landscape focus on a diverse range of issues and topics. The topics are centered around CPBO campaigns and reflect the social justice issues that movements organize around, which are the root causes underlying what public health describes as the 'social determinants of health.' These issue areas are often intersectional – as Audre Lorde said "There is no such thing as a single-issue struggle because we do not live single-issue lives" (Sister Outsider: Essays and Speeches). This intertwining of issues makes them inherently difficult to categorize into 'topics'. This was additionally complicated as we compiled information from multiple sources of data that did not universally include a list of topics and issues that the partnerships were working on.

The most common topics identified were racial justice (17%) and environmental justice (17%), followed by housing justice (14%), immigration justice (13%), and labor justice / workers rights (11%). Additional areas of work that were less commonly (<10%) identified, but part of multiple partnerships, included economic justice, climate justice, birth justice, food justice, youth justice, gender justice/LGBTQ rights, mental health, transportation, substance use, and criminal legal systems. Many of the partnerships also work on topics that go beyond the primary topic used to describe them.

Deeper dive into survey findings

The survey we conducted between November 2022 and January 2023 was the largest source of newer data, contributing 27 partnerships to the landscape with more current and detailed information as compared to the other previously known partnerships. The survey received 96 responses with 63 that were complete after cleaning out partial and duplicate responses. Slightly under half (43%) met the criteria for being included in this assessment.

While survey findings alone don't reflect the complete landscape, they do offer a useful snapshot

of recent dynamics in health department and community partnerships. For this survey, 27% of responses came from community organizations, 44% from health departments, and the remainder from other government agencies or partners. Importantly, the majority (roughly 2 out of 3) respondents did not have any prior connection to HIP, which demonstrates that we were effective in reaching new audiences. The following are some key findings from the landscape assessment survey data:

TYPE OF CPBO AND AREA OF FOCUS

The majority of CPBO respondents (65%) were neighborhood (place-based) organizations, half (51%) were identity-based, while several were faith-based (8%) or worker-based (8%). Almost all of the organizations (83%) were organized around a particular issue or set of issues, and there was a wide number of topic areas identified. In order of most frequently mentioned, topic areas included: health equity, racism, community engagement, community safety, climate change, housing, COVID, economic security, food security, energy insecurity, environmental justice, health literacy, access to care, mental health, loneliness and belonging.

LENGTH OF WORKING RELATIONSHIPS

The length of time these CPBOs had worked with local health departments (as of 2023) ranged from zero to 23 years with a mean of 5.4 years and a median of 3 years. While there were some very long term collaborations, a majority had begun their collaboration after the start of the COVID-19 pandemic.

SHARED ACTIVITIES

CPBO and/or health department respondents reported working on the following shared activities together:

- 86% support community engagement activities (including with translation/ interpretation and outreach activities)
- 83% build individual and organizational relationships through intentional 1:1 meetings
- 78% participate in presentations and meetings about each others' work
- 76% share contacts / make introductions to other organizers or government agencies
- 67% co-organize or participate in multi-sector convenings, task forces, etc together
- 60% co-facilitate trainings and workshops to staff, members, and/or the public
- 57% participate in health department planning processes (CHA, CHIP, Strategic Plan)
- 57% gather or share data to inform policy campaigns or debates
- 51% co-author collaborative grants and/or reports
- 51% include communities impacted by inequities in governmental decision-making
- 49% collaborate on community-led research

- 48% collaborate on media/press, communications or narrative change strategies
- 29% testify at decision-making processes about health impacts of policy/program
- 27% fund community organizers to support health department services and functions
- 22% participate in governing role (ex. board, commission) in each other's organization

Analysis: Trends and Gaps

Overall, these Bridging partnerships between CPBOs and health departments represent nascent, cutting-edge work that is still in its early stages. They reflect promising practices in public health and also indicate successful outcomes where partnerships were sustained over time. Several important efforts to pilot this work over the years include Building Healthy Communities, Power to Thrive, Healthy Heartlands, and HIP's own Power-building Partnerships for Health. The long-lasting impacts of these initiatives are reflected in the landscape.

The following key takeaways reflect HIP's analysis and observations of the landscape and are the basis for recommendations on how to continue developing this important body of work.

- **There are many areas of alignment and ample opportunities for partnerships between health departments and CPBOs to advance shared goals**
    - *Bridging partnerships address root causes through a wide variety of issues*
- **Within public health there is growing interest but lack of clarity about power-building**
    - *Education needed to distinguish community power-building from community engagement and how CPBOs are unique from other community organizations*
- **The landscape has a limited but growing number of partnerships – it is a compelling approach for health departments seeking deeper ways of working with communities**
    - *It will take sustained investment in both governmental public health and social movement infrastructure to continue growing this nascent practice*
- **The bridging landscape is geographically uneven with gap areas**
    - *There is significant room for growth through long-term investment in community power-building and co-governance*

- **Engaging in bridging partnerships builds muscle for subsequent collaborations, as evidenced by locations with clusters of numerous partnerships**
    - *Capacity is built over time that helps enable and cultivate new partnerships, especially in areas with robust social movement activity*
- **COVID-19 had a dramatic impact that was not uniformly experienced**
    - *The pandemic disrupted some existing partnerships and increased staff turnover, but also generated many new partnerships*
- **Sustainability is a challenge for both health departments and CPBOs**
    - *Trusting relationships and funding help support successful partnerships*

THERE ARE MANY AREAS OF ALIGNMENT AND AMPLE OPPORTUNITIES FOR BRIDGING PARTNERSHIPS TO ADVANCE SHARED GOALS

Bridging partnerships address root causes through a wide variety of issues

Health equity requires addressing the root causes of inequities in the social determinants of health. CPBOs may not use public health terminology like "social determinants of health, but their work is directly focused on root causes and goes far beyond individual services and mediating downstream impacts. The findings in this bridging landscape assessment show that there are a wide variety of topics and issues that health departments and CPBOs can work on together. There are ample opportunities to find alignment for collaboration and start new mutually beneficial partnerships.

The most common topic areas in this landscape report are well aligned with major issues that are known to shape health outcomes. Racial justice, climate and environmental justice, housing justice, immigration justice, and labor justice/workers rights were the most commonly identified topics for partnerships in the bridging landscape. In each of these areas, there are clear connections around social determinants of health and ways for health departments to get involved and support CPBOs and their social justice movement priorities. Even when a campaign isn't explicitly about health, there is often a connection within the broad framing of public health which opens up opportunities for CPBOs to develop strategic partnerships.

There are some topic areas that are challenging for partnerships to navigate. For example, there were relatively few partnerships that identified policing or carceral systems as issues they were working on together, even following the 2020 racial justice uprisings around police violence. This doesn't necessarily mean that partnerships didn't work on these issues – those efforts were likely

included within the general category of racial justice. As an abolitionist organization HIP is clear that policing and carceral systems including prisons and detention centers are threats to the public's health, and there are actions health departments can take. At the same time, local health departments can be responsible for managing or providing essential health services in jails or prisons. Governmental public health agencies have to carefully manage their relationships with other parts of government, which can limit what actions they can take or what language they can use.

The survey findings on shared activities also demonstrate the wide range of ways that health departments can work with community organizations. It also shows the spectrum of which activities are more common - it may be easier for new collaborations to start with relationship-building, outreach, and presentations about each other's work while building up to the less common and more intensive activities like providing funding, public testimony, and co-governance.

WITHIN PUBLIC HEALTH THERE IS GROWING INTEREST BUT LACK OF CLARITY ABOUT POWER-BUILDING

Education is needed to distinguish community power-building from community engagement and how CPBOs are unique from other community organizations

In recent years we have observed a surge of interest from public health audiences about power and community power-building. In our direct work, we've seen increased registrations and attendance for webinars on the topic, much higher interest and applications for PPH, more inquiries and downloads of our materials. In the broader field, there are a growing number of articles[2] published, and content on power and community power-building is being integrated into public health courses such as NACCHO's Roots of Health Inequity. The increasing number of partnerships with CPBOs, particularly in recent years following the start of the COVID-19 pandemic, corresponds with the growing awareness within the field that addressing the social determinants of health requires reckoning with power.

That said, along with growing interest, there are also misunderstandings about community power-building. Health department staff may assume that community engagement is synonymous with community power-building. While there is a connection, health departments are often in the earlier steps of the Spectrum of Community Engagement to Ownership.

2 A few examples in the growing body of published articles include Power, control, communities and health inequalities I: theories, concepts and analytical frameworks (Popay et al 2021), Building Community Power to Dismantle Policy-Based Structural Inequity in Population Health (Iton et al 2022), and Theory in Action: Public Health and Community Power Building for Health Equity (Heller et al 2023)

Additionally, as government agencies, health departments are not in a position to directly build community power in the way we have defined and need education on what the spectrum of engagement involves. Health department staff are often not clear on what distinguishes CPBOs from other community-based organizations (CBOs). Many health departments self-report that they are partnering with CPBOs when in fact they're collaborating with service- or policy-oriented organizations that do not engage in the base-building and community organizing work that is at the core of building community power. This was a primary reason that we excluded partnerships from this landscape assessment. Many of those excluded were doing valuable work providing essential services, developing leadership, creating community spaces, and/or advocating for policies.

These are all important community partnerships that health departments can and should engage with, but this landscape assessment focused on social movement organizations doing base-building and community organizing.

The distinctions are not always clear and there is a considerable amount of subjectivity and complexity in how to make these determinations. There is a need for additional work to address these gaps and questions, as well as to cultivate power-building work among adjacent CBOs that may be providing services or doing advocacy, especially in areas that don't have many or any existing CPBOs. Regardless, it is important that public health does not co-opt or dilute the meaning of social movement terms – "building community power" should not be a buzzword to describe any community partnership. Furthermore, public health needs to be clear that community power is built within and by communities, not by government agencies. Health departments can support community power-building organizations and can leverage governmental forms of power, but these are distinct roles.

THE LANDSCAPE HAS A LIMITED BUT GROWING NUMBER OF PARTNERSHIPS — IT IS A COMPELLING APPROACH FOR HEALTH DEPARTMENTS SEEKING DEEPER WAYS OF WORKING WITH COMMUNITIES

It will take sustained investment in both governmental public health and social movement infrastructure to continue growing this nascent practice

Bridging governmental public health and community power-building organizations is still an emergent practice. While it is still limited in scale and scope, it has grown significantly over the past decade. What started as a theoretical call to action with a handful of examples has grown into a much larger group focusing on a wide range of topics and issues. The growing number of partnerships has been made possible by sustained investment and effort to bridge across these different sectors. Yet despite this growth, partnerships between governmental public health departments and CPBOs are not yet widespread. There is still much work to do and ample room for future growth — though we recognize that getting to 'scale' has typically involved the federal government putting its stamp of approval on a practice, providing funding, and/or requiring

certain practices as a condition of funding. In today's climate, we do not anticipate any of this leadership coming from the federal level and it's challenging to see 'scale' happening across the national landscape.

We also acknowledge that the partnerships identified in this landscape assessment are not a complete list. It was simply not possible to find and include every example of health department collaborations with CPBOs. There are certainly other partnerships that aren't represented in the landscape because they didn't fill out a survey and HIP doesn't (yet) know of or have a relationship with them. The landscape is evolving and growing along with HIP's work, and the digital map will be updated routinely to reflect new partnerships that we learn about or that are newly formed.

THE BRIDGING LANDSCAPE IS GEOGRAPHICALLY UNEVEN WITH GAP AREAS

There is significant room for growth through long-term investment in community power-building and co-governance

The map of bridging partnerships between health departments and CPBOs is national, but it is not evenly distributed across the US. California is overrepresented for a variety of reasons — partially due to HIP being based in the state and cultivating relationships within both public health and social movements for many years. There is also a strong progressive movement in California that has built a significant amount of social movement infrastructure over decades, resulting in a supportive environment for a wide variety of CPBOs. In particular, The California Endowment's 10-year $1 billion Building Healthy Communities investment focused on community power-building and helped generate and sustain a number of partnerships that are still active today. This points to the effectiveness and importance of having sustained investment to generate long-term impact.

In the midwest, the Healthy Heartlands initiative involved several community organizing networks (ISAIAH, Thrive WI, WISDOM) with state-based hubs to connect grassroots leaders and public health agencies. Although the initiative is no longer active, the ongoing impact of its work is visible on the landscape map across the upper midwest with some of the partnerships in Minnesota, Wisconsin and Michigan.

The political landscape influences but does not define the map of bridging partnerships. While the bridging landscape has a greater number of partnerships in "blue" democratic states, there are also a number of health departments working with CPBOs in swing states and conservative "red" states. Still, there are some areas with visible gaps and some large areas of the country with no partnerships identified.

Part of this is due to the reality that CPBOs are not present to the same degree everywhere. It takes work and resources to build and sustain social movement infrastructure, and that is needed in many places especially outside of large metropolitan areas. At the same time there are large

regions such as the South, Gulf Coast and Southwest border region where there is significant organizing and social movement activity with many CPBOs, yet few partnerships identified in the landscape map. This might be due to a lack of relationships between CPBOs and local health departments, or because health departments are hostile or politically unable to work with CPBOs. In either case, HIP can emphasize building relationships with CPBOs and health departments and prioritize support for bridging partnerships in these regions.

ENGAGING IN BRIDGING PARTNERSHIPS BUILDS MUSCLE FOR SUBSEQUENT COLLABORATIONS, AS EVIDENCED BY LOCATIONS WITH CLUSTERS OF NUMEROUS PARTNERSHIPS

Capacity is built over time that helps enable and cultivate new partnerships, especially in areas with robust social movement activity

It is not uncommon for health departments to have more than one CPBO partnership. More than a quarter (27% or 19 out of 71) of the partnerships in the overall landscape were clustered in seven (7) jurisdictions that each had between two to four partnerships with different CPBOs. Notably, six of these jurisdictions are located in California (Alameda County, Long Beach, Los Angeles, Monterey County, San Francisco, and San Mateo) with the seventh in Michigan (Ingham County).

As government agencies, health departments have a defined geographical jurisdiction that they are responsible for. Yet within those areas, there is no single organization that represents all communities. It makes sense for agencies to work with different organizations (both CPBOs and other community organizations) on different topics or projects. We believe that most of the jurisdictions in the landscape that have one identified CPBO partnership likely have additional projects and partnerships that exist(ed) but aren't listed for various reasons.

For health departments, collaborating with CPBOs isn't a transactional activity — it's a transformative practice that grows and has impacts beyond a single partnership. CPBO collaborations can require or result in cultural and institutional shifts within agencies. It can change ideas and practices of how to do public health work with community by shifting and sharing power. Sometimes it may start with a single staff person who is part of or comes from social justice movement work. When a community organizer is part of an institutional agency, they can draw from their social movement relationships and use their positional power inside government to develop organizational partnerships with multiple CPBOs.

Once an agency gets started down this path, it opens the door for more partnerships to emerge, at least in places where there is also robust social movement activity with multiple CPBOs and coalitions building community power. It is not a coincidence that the clusters and concentrated activity identified in the landscape are in places that have active movement building and coalition formations within a broader power-building ecosystem. Development and investment in equity infrastructure within government needs to be matched by development and investment in

social justice movement infrastructure in communities.

COVID-19 HAD A DRAMATIC IMPACT THAT WAS NOT UNIFORMLY EXPERIENCED

The pandemic disrupted some existing partnerships and increased staff turnover, but also generated many new partnerships

It's no surprise that the COVID-19 pandemic would leave its mark on this bridging landscape. CPBOs organize in the communities that suffered the worst impacts of the pandemic due to structural racism and inequities. Meanwhile health departments were thrust into the frontlines of a politicized emergency response effort that generated targeted threats and a high level of stress and burnout amongst the public health workforce. It's not possible for this report to cover the many ways the pandemic impacted and reshaped society and public institutions, but it can offer a glimpse into how it affected the bridging landscape.

The pandemic disrupted existing partnerships, including some previous success stories that weren't able to maintain efforts. Public health experienced a high degree of turnover and job transitions. Long-standing leaders with institutional memory left their roles for a variety of reasons — retirement, burnout, being fired or pushed out, or getting pulled into other emergency response work that required leaving prior roles. Even when people stayed in their roles, the nature of the partnerships and their work shifted as COVID changed priorities. CPBOs were also disrupted as they had to shift to different ways of organizing their communities while caring for family and community members in crisis. Racial justice uprisings against police violence coincided with pandemic-related narratives of rising distrust of government. Meanwhile, many health departments were pushed into more active coordination with police and national guard through "whole-of-government" emergency response efforts. The combination of these factors both amplified the urgency of and posed challenges for racial justice and health equity.

Yet despite these many challenges, the bridging landscape expanded as new partnerships formed in response to these overlapping crises. The nature of pandemic response requires public health working deeply in community, and CPBOs are effective partners to reach and mobilize people. CPBOs worked with health departments to host and promote testing sites, distribute PPE and supplies, provide translation, deliver food and resources to people in quarantine and isolation, and promote access to vaccinations. In the landscape assessment survey distributed in 2022, the median length of collaboration reported was 3 years, meaning that half of the partnerships had started working together after the start of the pandemic.

The COVID-19 response opened new pathways for health departments and CPBOs to work together and see the mutual benefit in shared collaborations. Following the racial justice uprisings, declarations of racism as a public health crisis also generated opportunities for CPBOs and health departments to work together on shared goals. These partnerships were

also supported by an influx of COVID-related resources and funding, including federal funding dedicated specifically to addressing health disparities. Funding allowed health departments to build their internal equity infrastructure and staff while also directing resources to community organizations including CPBOs. Many of the partnerships that originated around COVID-related activities have been able to sustain their work together on a range of different issues. That said, sustainability can be challenging as funding dries up.

SUSTAINABILITY IS A CHALLENGE FOR BOTH HEALTH DEPARTMENTS AND CPBOS

Trusting relationships and funding help support successful partnerships

There is a wide range in how long the partnerships in the landscape report have worked together. Active partnerships include recent new projects alongside long-term collaborations that have sustained work over decades, while other partnerships are no longer active. In some cases the organizations themselves no longer exist – such as a CPBO that was dissolved through a merger and a multi-county health department that was broken apart in backlash to COVID policies. Challenges around sustainability are widespread and aren't unique to the partnerships in this bridging landscape; it's unfortunately part of the wider terrain of nonprofit organizations and governmental public health agencies in the US.

Funding isn't the only thing needed for sustainability, but it plays an important role. US public health funding is subject to a boom-bust cycle that responds to public health emergencies with short-term surges that fail to fill the gaps in the underlying infrastructure or staffing. Health-related funding is primarily directly to expensive medical healthcare costs while leaving both public health and the community-based social safety net underfunded. Some CPBOs do provide social services as part of their approach to base-building and community organizing, but not all CPBOs are service providers and there are often funding restrictions around advocacy and lobbying. General operating funds for building community power are far more rare and limited than they should be. The large surge of COVID funding for health equity work supported a number of important efforts, including partnerships in the bridging landscape, but the short-term funding is already drying up in the "bust" part of the cycle.

Even more than funding, relationships are the most important factor for sustainability. Relationships are resilient and aren't necessarily dependent on funding, but when funding cuts result in staff transitions and departures, the loss of key people can damage or end partnerships. Organizational partnerships are made up of interpersonal relationships, and successful long-term partnerships have built trust through a strong set of relationships between people on both sides. When these relationships are developed and nourished over time, it creates partnerships that can weather the ups and downs of funding cycles and move through crises intentionally and strategically. Indeed, these partnerships become successful because of how they support each other, including through health departments providing funding to CPBOs and CPBOs advocating

for public health budget priorities.

This landscape assessment was designed to be intentionally broad and does not go into depth around individual partnerships aside from pulling from prior evaluation reports and qualitative information gained from working directly with some of the partnerships. Each partnership is unique, complex, and evolves dynamically over time. Future efforts could follow up with partnerships in more depth to assess the impact, effectiveness, challenges and what's needed to sustain efforts over time.

Recommendations and Conclusion

Bridging between public health and community power-building organizations is more important than ever. The partnerships in this bridging landscape offer important models and lessons for how to approach the challenging times we are living through. Many of these partnerships have weathered the storms of past crises — in fact, many of their origin stories come from developing solutions amidst public health crises. They provide examples of how health departments and community power-building organizations can work together to address pressing issues. As we face additional layers of crises today, the surrounding waters are troubled — we need more bridges to find our way across in safety and collective care.

The findings and analysis described in this report were conducted prior to the 2024 election. Though the report was largely finished, we held off on releasing it — partially to prioritize other more urgent and rapid response projects, but also because we were unsure how fast the landscape would change and what different approaches it would require. Though there have certainly been many new threats to navigate, the underlying foundational issues remain the same. We decided that there is value in sharing this report because it looks at changes to the landscape over time and the recommendations still apply to this current context.

Some suggestions and recommendations for how to proceed are embedded throughout the report. In this closing we summarize several core recommendations that emerge from the findings and analysis. We are using this landscape report primarily to guide HIP's ongoing work, though we see value in sharing it with partners who are interested in these ideas as well. We see this bridging work as being in alignment with broader (beyond public health) racial justice work of co-governing and deepening community leadership in governmental decision-making. As such, we highly recommend additional materials and tools, including the Facilitating Power's Spectrum of Community Engagement to Empowerment and Race Forward's and Dignity & Rights' report Co-Governing Towards Multiracial Democracy and accompanying Co-Governance Tool.

Develop the practice of inside-outside strategy

We've seen that success in partnerships is tied to their use of ***inside-outside strategy*** to address root cause issues in public health. We describe inside-outside strategy as:

An emergent set of practices to build alignment and mutual accountability between those working "inside" government institutions, and CPBOs working "outside" government in social justice movement spaces. Inside-outside strategy relies on each side leveraging its relative power, voice and resources to achieve a common aim. The ultimate goal of inside-outside strategy is to build policies, systems, and practices that directly improve the material conditions of people's lives.[3]

Inside-outside strategy is a dynamic set of tactics that are adapted to the specific context of each partnership, and to the broader social and political conditions that they operate within. It can look different for each partnership in the bridging landscape and can change over time to adapt to different settings and contexts. In favorable conditions, inside-outside strategy can drive progressive policy victories that push the boundaries of what is considered possible. In adverse conditions when equity-oriented institutions are under attack, it can serve as a tool for defending communities, protecting rights, and safeguarding past wins. As Deepak Bhargava and Stephanie Luce say in Practical Radicals, "an inside-outside campaign is a way to win policy victories when you don't have enough power to govern."

We recommend that individuals, teams, organizations, and partnerships — in both governmental public health agencies and CPBOs — develop an intentional practice of inside-outside strategy.

HIP created the Five Dimensions of Inside-Outside Strategy as a comprehensive guide for building powerful partnerships. It comes with an accompanying Five Dimensions Toolkit with resources including a set of self-reflection questions, strategy worksheets, a conflict identification tool, and a set of assessment tools. This framework emerged from HIP's work with partnerships in the bridging landscape and was developed alongside the findings, analysis and recommendations included in this report.

The five dimensions are essential for fostering partnerships that can drive policy change and improve material conditions for health equity and racial justice:

3 Health in Partnership. "The Five Dimensions of Inside-Outside Strategy."

- **Nourish Relationships:** Foster trust and build networks across individual, interpersonal and organizational levels
- **Deepen Leadership:** Leverage and shift power by cultivating both individual and collective leadership
- **Build Capacity:** Develop resilient organizational support structures to sustain power-building and health equity work
- **Navigate Political Landscapes:** Assess external influences and power dynamics to identify allies, opponents, opportunities, and threats
- **Hone Analysis:** Build shared understanding of root causes and align around strategies and goals for transformative change

There are no easy answers to the challenges we collectively face, and no single "right" way to engage in this work. But we know it will take creativity and collective action to find our way through, and we offer these recommendations and resources as a contribution to support stronger and more effective bridging partnerships.

Increase the breadth and depth of partnerships in the landscape

The bridging landscape described in this report is a snapshot of a nascent promising practice. While there is clear growth in bridging partnerships over the years it is not yet the norm for governmental public health agencies or community power-building organizations to engage in regular collaboration around shared goals. It will require dedicated efforts to build on past progress and expand this promising practice.

Despite the deep challenges posed by the current political and economic context, HIP is committed to the ongoing growth and development of this bridging landscape. With new PPH cohorts planned for 2026 and 2027, we anticipate adding new partnerships to the bridging landscape map as we continue HIP's ongoing work of bridging community power-building organizations and governmental public health agencies.

No one organization alone can overcome the threats we are facing today. These times call for collaboration and coordination at new levels — broadening collective efforts with expansive new connections and deepening existing partnerships to rise to the challenges. This is why HIP's 2025-2030 Strategy Plan adopts an ecosystem approach and lays out a Theory of Action with five-year outcomes for both our organization and our ecosystem of partners. In this spirit, we offer these

closing recommendations for HIP and ecosystem partners to increase the breadth and depth of partnerships in the bridging landscape.

DEEPENING EXISTING BRIDGING PARTNERSHIPS

The previous recommendations described above – developing the practice of inside-outside strategy and seeking new opportunities of collaboration – will help existing partnerships deepen their work together. Existing partnerships are under pressure as both CPBOs and health departments may be impacted by budget cuts, layoffs, and increasing pressures of heightened community needs. This is a time to lean on relationships of trust and be creative in finding new ways to work together in mutual support. Partnerships can bring in additional people and organizations to build coalition efforts or form new partnerships to respond to emergent issues.

HIP is deepening relationships in the bridging landscape via ongoing work with existing partnerships, reaching out to prior partners with new opportunities, and supporting existing partnerships with new tools and resources. We are reaching out to partnerships from past PPH cohorts to re-energize and expand upon our past work together and we are developing a nascent inside-outside strategist network.

EXPANDING THE LANDSCAPE THROUGH NEW BRIDGING PARTNERSHIPS

Just as the crisis of COVID-19 pushed health departments and CPBOs to form new partnerships to meet the urgency of the moment, the current ongoing polycrisis requires new partnerships with creative new tactics. We encourage both health departments and CPBOs to forge new partnerships. There are resources in the Five Dimensions Toolkit, Health Equity Guide, and HIP's power resources that can individuals and organizations can use to initiate new collaborations and partnerships. HIP also offers technical assistance to health departments or CPBOs interested in establishing new bridging partnerships.

For future PPH cohorts, we hope to address some of the geographic gaps in the bridging landscape by focusing outreach and building new relationships in the South, including the southeast, gulf coast and along the southwest border. There are active social movement networks and CPBOs in these regions that may already have some initial relationships with public health departments or be interested in building new strategic connections with public health.

PHILANTHROPY

Long-term dedicated philanthropic funding created the conditions for many of the successful ongoing partnerships and clusters visible in the bridging landscape today. The influx of funding for the COVID-19 response helped generate and sustain a new wave of bridging partnerships with new connections and creative approaches to critical community needs. Currently many partnerships in the bridging landscape are facing widespread financial losses due to the ending

of COVID funds and widespread deep cuts in federal funding. This comes at a time of sharply escalating community needs alongside a crisis of democracy itself. Bridging partnerships are well poised to address this polycrisis and meet community needs while creating models of co-governance and deep democracy, but it will require resources and institutional support to make it possible at scale. Growth in bridging partnerships requires dedicated resources for relationship building as it can be time intensive and uncovered by existing pools of funds. We realize this is a tall order in this challenging funding and political landscape; however we cannot let go of our aspirational and emergent efforts — we must maintain a 'block and build' mindset, focusing on a more powerful north star for public health practice.

Amidst crisis, seek new opportunities for collaboration and sustainability

In HIP's 2025-2030 Strategic Plan, a bold call to action in unpredictable times rooted in our conviction that health and justice are inseparable, we proposed a North Star vision for the field of public health, along with an ecosystem approach,theory of action, and outcomes. The partnerships in the bridging landscape are central to this ecosystem – we offer the following recommendations by sector as pathways to move towards that North Star.

GOVERNMENTAL PUBLIC HEALTH

In the face of existential threats to public health institutions, it can be easy to fall back into a defensive closed position. But the truth is that public health needs social movements, especially in times of crisis. The federal government and many states are dismantling foundational public health infrastructure. The field needs to return to its social movement roots to fight back and withstand these threats. Organizing and power-building can help public health make it through challenging times. The strategic practices in HIP's Health Equity Guide provide guidance on how public health can build strategic partnerships, support community power-building, and align with social justice movements.

COMMUNITY POWER-BUILDING ORGANIZATIONS

On the other side of bridging partnerships, social movements in the US are also under attack. Generational progressive victories from past social movements are being rapidly dismantled — again by the federal government and states — and today's movements hold little access to governing power to counter the rising forces of far-right authoritarianism and corporate power. CPBO organizing efforts around government are often oriented around electoral and legislative arenas, but administrative agencies are also an important terrain of power to engage with. In this arena, public health departments' orientation towards community collaboration and health

equity offers a valuable opening for CPBOs to develop community-centered co-governance.

NEW AND EXISTING BRIDGING PARTNERSHIPS

Many of the partnerships in this landscape report were forged in the crisis of COVID-19. As we find ourselves in additional crises today, we can apply some lessons from the recent past, even as funding cuts make financial sustainability increasingly challenging for both CPBOs and health departments. Sustainability of bridging partnerships is built around relationships. In anticipation of a period marked by high staff turnover and departures, partnerships can bolster their resilience by bringing in additional trusted people so that shared projects aren't dependent on any one individual person being in a given role.

COMMUNITY-BASED ORGANIZATIONS

There is also potential to develop organizations that are deeply rooted in community and collaborating with health departments but were excluded from the landscape map because they weren't CPBOs doing base-building and community organizing. Funding and training could help organizations identify the processes needed to build from existing social service programs, cultural spaces, or policy advocacy efforts in order to transition into becoming a CPBO with an organized base building power for transformational campaigns. These kinds of efforts would help develop community power and social movement infrastructure while expanding the bridging landscape.

PHILANTHROPY

The most durable partnerships in the bridging landscape exist in places that have robust social movement infrastructure with multiple CPBOs supported through broader networks and coalitions. The benefits of long-term investments in power-building, such as the 10-year California Endowment investment in Building Healthy Communities, are clearly visible on the landscape. Organizations are struggling, and there is a high need for broad philanthropic investment to build out the infrastructure for more CPBOs. The bridging landscape would greatly benefit from broad investments in general operating support for movement organizations paired with support for facilitating new relationships with public health agencies. In areas where social movement infrastructure is more limited and fewer CPBOs exist, philanthropic investment could help build foundational capacity for organizing and developing regional networks.

Appendix

Table of Partnerships between Community Power-Building Organizations and Health Departments

Location	Community Organization	Health Department	Status	Campaign / project collaboration
Denver, CO	9to5 Colorado and United for a New Economy (UNE)	Tri County Health Department	sunsetted	9to5 trained health department staff on community organizing and relevant housing policy (note: in 2022 Tri County Health Department dissolved into three separate health departments)
Long Beach, CA	Black Health Equity Collaborative	City of Long Beach Department of Health and Human Services	ongoing	Black Health Equity Team and Fund
Frederick, MD	Black Mamas Building Bridges	Frederick County Public Health	ongoing	Black Maternal Health collaboration
Monterey County, CA	Building Healthy Communities Monterey County (Action Council)	Monterey County Health Department	ongoing	Building Healthy Communities
Oakland, CA	Causa Justa::Just Cause (CJJC)	Alameda County Public Health Department	sunsetted	Rebuilding Neighborhoods, Restoring Health

Location	Community Organization	Health Department	Status	Campaign / project collaboration
Santa Barbara, CA	Central Coast Alliance United for a Sustainable Economy (CAUSE) and Mixteco Indigena Community Organizing Project (MICOP)	Santa Barbara County Public Health Department	sunsetted	Power-building Partnerships for Health: Lessons From Santa Barbara About Building Power to Protect Farmworker Health and Advance Health Equity
San Francisco, CA	Chinese Progressive Association	San Francisco Department of Public Health - Environmental Health Branch	sunsetted	San Francisco Leverages Health Permits to Combat Wage Theft
San Gabriel Valley, CA	Clean Air Coalition of North Whittier and Avocado Heights	Los Angeles County Department of Public Health	unknown	#SayNoToQuemetco (Ecobat), a campaign against a lead smelter and hazardous waste generator located in the City of Industry
Kansas City, Wyandotte County, KS	CleanAirNow (now RISE for Environmental Justice)	Unified Government Health Department	sunsetted	environmental justice, air quality monitoring, and Heat Mapping Campaign
San Mateo County, CA	Climate Resilient Communities	San Mateo County Health	unknown	Resilient Homes program
Solano County, CA	Club Stride, Inc.	Solano County Public Health	sunsetted	building community power through youth civic engagement in Vallejo, CA
Imperial County, CA	Comite Civico del Valle in Imperial County	California Dept of Public Health, Environmental Health Investigations Branch	ongoing	Respiro Sano Imperial Valley Asthma Educational Program and IVAN (Identifying Violations Affecting Neighborhoods) air monitoring
Missoula, MT	Common Good Missoula	Missoula City-County Health Department	unknown	collaborations on organizing training, leadership + transportation safety and housing justice democracy, citizen engagement, air quality, transportation safety and housing justice
Kansas City, MO	Communities Creating Opportunity (CCO)	Kansas City Missouri Public Health Department	unknown	Kansas City Develops MOU and Shares Space with Community Organizers
Watsonville, CA	Communities Organized for Relational Power In Action	Monterey County Health Department	unknown	Lanzamiento de Esperanza Care: expanding health care for undocumented immigrants

Location	Community Organization	Health Department	Status	Campaign / project collaboration
Boston, MA	Community Labor United	Boston Public Health Commission	ongoing	Boston CHNA-CHIP Collaborative
Kane County, IL	Community Organizing and Family Issues (COFI)	Kane County Health Department	ongoing	Parent-led solutions to heal communities and address trauma and POWER-PAC IL (Parents Organized to Win, Educate, and Renew - Policy Action Council)
Union City, CA	Congregations Organizing for Renewal (COR, now Faith in Action - East Bay)	Alameda County Public Health Department	ongoing	joint research to document community housing conditions through tenant organizing; COVID vaccine equity Community Navigators Network
Fresno, CA	Cultiva La Salud Merced County	Merced County Department of Public Health	unknown	COVID-19 response
Washington DC	Empower DC	DC Department of Health	unknown	sharing health equity data
Omaha, NE	Empowerment Network	Douglas County Health Department	ongoing	Healthy Village Collaborative
Winnebago County, WI	ESTHER (Empowerment Solidarity Truth Hope Equity Reform)	Winnebago County Health Department	unknown	Fox Valley Thrives issues transportation focus group report
San Mateo, CA	Faith in Action; Youth Leadership Institute; Youth United for Community Action (YUCA); Puente	San Mateo County Health	unknown	Organizers Roundtable convened by health department
Kent County, MI	Gamaliel of Michigan	Kent County Health Department	sunsetted	Michigan Power to Thrive
Ingham County, MI	Gamaliel of Michigan / ACTION of Greater Lansing	Ingham County Health Department	sunsetted	Michigan Power to Thrive
Spokane, WA	Greater Spokane Progress	Spokane Regional Health District	unknown	Greater Spokane Progress is a collaborative network united to build political strength and equity with a Racial Equity Initiative and Trainers' Cohort
Contra Costa County, CA	Healthy Contra Costa	Contra Costa County Health Services	unknown	Ensuring Opportunity (Richmond Community Foundation)

Location	Community Organization	Health Department	Status	Campaign / project collaboration
Eau Claire, WI	JONAH Justice (Joining Our Neighbors, Advancing Hope)	Eau Claire City-County Health Department	ongoing	Community development health impact assessment (2017) and JONAH Mental Health Task Force
Louisville, KY	Kentuckians for the Commonwealth	Louisville Metro Department of Public Health and Wellness	unknown	canvassing for participatory budget pilot and Empower Kentucky: A people's plan to shape a Just Transition to a clean energy economy in Kentucky
Long Beach, CA	Khmer Girls in Action	City of Long Beach Department of Health and Human Services	unknown	Leadership Development for Southeast Asian Youth
Chelsea, MA	La Colaborativa / Chelsea Collaborative	City of Chelsea Department of Public Health	ongoing	Housing Justice: MADE Up to Code
Holland, MI	Latin Americans United for Progress, Migrant Legal Aid, Lighthouse Immigrant Advocates	Ottawa County Dept of Public Health	unknown	Migrant Health Taskforce Strategic Plan and Migrant Resource Councils
San Joaquin County, CA	Little Manila Rising and North Valley Labor Federation	San Joaquin County Public Health Service	unknown	ECHO (Equity in COVID and Health Outcomes)
Long Beach, CA	Long Beach Forward	City of Long Beach Dept. of Health and Human Services	unknown	Building Healthy Communities
Bayview-Hunters Point, San Francisco, CA	Marie Harrison Community Foundation	Bay Area Air Quality Management District	ongoing	Air pollution mitigation
Philadelphia, PA	Maternity Care Coalition	Pennsylvania Department of Human Services	ongoing	birth and reproductive health advocacy
San Rafael, CA	Multicultural Center of Marin	Marin County Health and Human Services	ongoing	Cuerpo Corazon Comunidad radio, COVID-19 response services, and Marin County Community Response Team
Pasadena, CA	National Day Laborers Organizing Network (NDLON)	Pasadena Public Health Department	unknown	Mano a Mano food distribution

Location	Community Organization	Health Department	Status	Campaign / project collaboration
New Mexico	New Mexico Community Aids Partnership & Equality New Mexico	New Mexico Department of Health	unknown	training for state employees on implementation of Executive Order 2021-048 on collecting sexual orientation and gender identify demographic data across executive state agencies in New Mexico
Manchester, NH	NH Alliance for Immigrants and Refugees (NHAIR)	New Hampshire Dept. of Health and Human Services	unknown	outreach and education for health insurance and access to care for immigrants
Santa Rosa, CA	North Bay Organizing Project	Sonoma County Public Health	ongoing	Sonoma Health Action
Cleveland, OH	Northeast Ohio Alliance for Hope (NOAH)	Cuyahoga County Board of Health	unknown	Health Improvement Partnership-Cuyahoga (HIP-Cuyahoga)
Chicago, IL	Northwest Center	Chicago Department of Public Health	ongoing	Healthy Chicago Equity Zones: Northwest Center Health Equity Team
Lansing, MI	One Love Global	Ingham County Health Department	ongoing	Truth, Racial Healing & Transformation (TRHT) and Breathe Act
Paris, KY	Paris West Side Neighborhood Association	Bourbon County Health Department	unknown	community revitalization in historic African American neighborhood
Ventura County, CA	Poder Popular (now San Diego County Food Vision 2030) and Central Coast Alliance United for a Sustainable Economy (CAUSE)	Ventura County Public Health Administration	ongoing	Santa Paula Collective Impact Project
Orlando, FL	QLatinx	Florida Department of Health in Orange County	unknown	HIV Justice Initiative
New York City, NY	Red de Pueblos Transnacionales (RPT)	NYC Department of Health and Mental Hygiene	sunsetted	contracted for community engagement and and Implementation Plan (CHA/CHIP) participation in the Community Health Assessment
Cook County, IL	Restaurant Opportunities Center (ROC-Chicago)	Cook County Health Department	unknown	Collaborative for Health Equity Cook County

Location	Community Organization	Health Department	Status	Campaign / project collaboration
Boyle Heights, Los Angeles, CA	Resurrection Church	Los Angeles County Department of Public Health	ongoing	faith-based campaign to close and clean up Exide Technologies lead battery plant
Providence, RI	RI Immigrant Coalition	Rhode Island Department of Health	sunsetted	advocacy for healthcare policy guidance: Providing Care and Services for Undocumented Immigrants - Information for Healthcare Workers and Staff Members and policy fact sheets
Des Moines, IA	RIVA - Refugee & Immigrant Voices in Action	Polk County Health Department	unknown	Health Equity Campaign with vaccine clinics, culturally and linguistically appropriate communications, and COVID-19 response
Sacramento, CA	Sacramento Homeless Union	Sacramento County Public Health	unknown	updated sanitation standards and installed porta-potties for unhoused people
San Luis Obispo, CA	SLO County UndocSupport	County of San Luis Obispo Public Health Department	ongoing	COVID-19 community support
Los Angeles, CA	Southern California Coalition for Occupational Safety & Health;	County of Los Angeles Public Health	ongoing	Public Health Councils
Riverside County, CA	Starting Over, Inc. (Riverside All of Us or None)	Riverside County University Health System - Public Health	ongoing	Transitional Housing and Campaign to end Riverside's discriminatory "Crime Free Multi Housing" policy
Washington State	Statewide Poverty Action Network	Washington State Department of Social and Health Services	ongoing	Washington Economic Justice Alliance and Just Futures coalition community assembles
New Orleans, LA	Step Up Louisiana	New Orleans Health Department	ongoing	Workers Bill of Rights
St. Louis, Missouri	Tenants Transforming Greater St. Louis (formerly Homes for All St. Louis)	City of St. Louis Health Department	ongoing	Home Is Where Our Health Is: Health & Housing Quality Brief
San Francisco, CA	Tenderloin Neighborhood Development Corporation's Community Organizing Department	San Francisco Public Health Department	ongoing	Tenderloin Healthy Corner Store Coalition

Location	Community Organization	Health Department	Status	Campaign / project collaboration
San Francisco, CA	The California Work & Family Coalition (CWFC)	San Francisco Public Health Department	sunsetted	Health Impact Assessment on Paid Sick Days
Madison, WI	The Foundation for Black Women's Wellness	Public Health Madison & Dane County	unknown	economic security for Black Women: Saving Our Babies and policy blueprint: Black Women Deserve...
Oregon	Unite Oregon	Oregon Health Authority - Public Health Division	unknown	grant to provide input on priorities for State Health Improvement Plan (SHIP)
Maricopa County, AZ	Unlimited Potential	Maricopa County Department of Public Health	ongoing	Maricopa County Energy Insecurity Workgroup
Visalia, CA	Vision y Compromiso	Tulare County Health and Human Services Agency	ongoing	COVID-19 response and Lifetime of Wellness / Diabetes Prevention Program (¡Yo digo Sí and Bailoterapia classes)
Ramsey County, MN	Voices for Racial Justice	Ramsey County Public Health	unknown	COVID-19 "cultural messenger" program and the Healthy Minnesota Program
Washtenaw County, MI	Washtenaw Interfaith Coalition for Immigrant Rights (WICIR), Sycamore Meadows Tenants Association	Washtenaw County Health Department	unknown	education around immigrant rights, housing quality, and access to care
Seattle & King County, WA	White Center Community Development Association	Public Health - Seattle & King County	unknown	eradicating poverty and building a vibrant, economically diverse community through a neighborhood development hub and economic development projects
Memphis, TN	Whole Child Strategies	Shelby County Health Department	unknown	neighborhood engagement and community-led solutions
Los Angeles, CA	Youth Justice Coalition, Children's Defense Fund - CA	Los Angeles County Health Agency	ongoing	LA County Diverts Justice-Involved Youth
San Francisco, CA	Youth Leadership Institute	San Francisco Public Health Department	ongoing	Youth-led Justice Platforms include Economic, Environmental, Education, Gender, Health, and Racial Justice. Youth Alcohol Prevention Coalition is funded by SFDPH and includes a coalition of 6 San Francisco-based organizations.