



DEVELOPING PARTNERSHIPS AND COALITIONS TO ADVANCE HEALTH EQUITY



PARTNERSHIPS AND COALITIONS CAN HELP ORGANIZATIONS AMPLIFY THE OFTEN UNHEARD VOICES OF POPULATIONS MOST DIRECTLY AFFECTED BY HEALTH INEQUITIES. PARTNERSHIPS AND COALITIONS CAN ALSO WORK TO ACHIEVE EQUITABLE OUTCOMES BY LEVERAGING A DIVERSE SET OF SKILLS AND EXPERTISE. CONSIDER THE FOLLOWING IDEAS TO ENHANCE YOUR PARTNERSHIP AND COALITION EFFORTS AROUND ADVANCING HEALTH EQUITY.



Engage Partners from Multiple Fields and Sectors that Have a Role in Advancing Health Equity

Health inequities do not have a single cause, and public health alone cannot address such inequities. Partner with community, education, housing, media, planning and economic development, transportation, and business partners, and engage these sectors in your coalition. Such multi-sector partnerships can work to improve the underlying community conditions that make healthy living easier, particularly in underserved communities.

Include Partners Working with Population Groups Experiencing Health Inequities

Organizations dedicated to serving these various populations (e.g., people of color, the elderly, people with disabilities, LGBT individuals) may or may not have health-related expertise. However, such organizations often have substantial expertise on the norms, culture, and needs of the populations they serve and can contribute significantly to your efforts.

Establish Mechanisms to Ensure New Voices and Perspectives are Added

Groups that have been collaborating for a long time should be mindful not to exclude potential new partners. Periodically assess membership composition and participation, and evaluate decision-making processes. It may also be necessary to periodically adjust meeting times and locations to accommodate new partners. While important to ensure a diverse partnership, do not assume that individuals from a specific population group can speak for all members of that group. Additionally, be cautious of including community representatives as a symbolic gesture rather than as fully engaged partners.

Develop a Common Language Among Partners from Different Sectors and Backgrounds

Early in the process, establish a shared vision and understanding for the partnership. Plan discussions or trainings to build a common understanding about health equity and the strategies needed to address it. Additionally, establish guidelines for communication, such as spelling out acronyms and avoiding potentially confusing terminology or jargon.

Acknowledge and Manage Turf Issues

Turf struggles may arise over conflicts in ownership, recognition, or resources between organizations. Partners should acknowledge and commit to manage tensions that may arise by anticipating potential turf issues, cultivating trust and respect, and shaping a collective identity. If turf issues arise, a strong, established relationship can create a safe space for partners to address complex issues, competing agendas, and difficult decision making.



Recognize and Address the Power Dynamics in a Partnership

All partners should have an equal opportunity to define issues, create strategies, implement solutions, and make decisions. The different contributions, resources, and expertise each partner brings to the table could be a source of tension or could be leveraged to improve collaborative efforts and outcomes. For instance, without additional resources, some partners may not be able to participate on an ongoing basis due to limited staff and organizational resources. Finding ways to compensate partners (e.g., funding, continuing education credit, travel cost reimbursement, certificates of appreciation) may help provide opportunities for longer-term engagement for some partners. Additionally, partners may be able to cross train each other to build skills in unfamiliar areas, or they may have complementary resources that can be shared.

“OUR PARTNERSHIPS WILL HAVE TO BE STRONGER IF WE ARE TO HAVE AN IMPACT. WE MUST REACH OUT TO NONTRADITIONAL PARTNERS IN THE PRIVATE SECTOR, INDUSTRY, AND OTHER PARTS OF GOVERNMENT IN THE TRANSPORTATION, EDUCATION, AND JUSTICE SECTORS, FOR EXAMPLE.”²⁴

— *Dr. David Satcher, Director, Satcher Health Leadership Institute and the Center of Excellence on Health Disparities, Morehouse School of Medicine*



Diverse set of community partners who worked together to increase smoke-free protections for vulnerable populations by implementing a smoke-free campus at Women's Treatment Center in Chicago.

Intentional Recruitment of Partners Working with Underserved Populations—Chicago, IL

Respiratory Health Association of Metropolitan Chicago (RHAMC)

To address tobacco-related health inequities, the Respiratory Health Association of Metropolitan Chicago (RHAMC) and Chicago Department of Public Health have used various strategies to establish diverse partnerships. As part of the partnership process for CDC's *Communities Putting Prevention to Work* program, they took the following actions:

- Established a competitive request for proposals (RFP) process to identify and select appropriate partners. The RFP process was designed to select partners in diverse geographical areas that demonstrated experience in serving populations with disproportionate smoking rates.
- Promoted the RFP beyond traditional channels, including circulating it among current partners and coalitions serving the priority communities.
- Collaborated with city agencies like the Chicago Park District, Chicago Public Schools, and Chicago Housing Authority, as well as community-based social service organizations and community health clinics.
- Established a system to maintain strong partnerships, tracking efforts in underserved communities, and building capacity of community-based organizations through various trainings and technical assistance so they could address tobacco use in the future.

The diverse partnerships developed through this process helped the organization design appropriate strategies to address tobacco-related health inequities.

QUESTIONS FOR REFLECTION: Partnerships and Coalitions



1. Where are we now?

- How do our current partnerships/coalitions reflect the populations experiencing inequities in our community?
- What is the current commitment to advancing health equity among these partners/coalitions? How does this commitment translate into identifiable and measurable activities?

2. How can we build diverse and inclusive partnerships/coalitions?

- What partners are we missing in our network/coalition that should be included?
- What partners do we need to engage in order to address the major social determinants of health impacting our community (e.g., housing, transportation, education, urban planning, business)?
- What are the commonalities in the priorities of potential partners that can serve as levers for collaboration?
- What is each partner's role in addressing health equity?

3. How can we work to engage new partners in a meaningful way?

- What process can we develop to regularly assess our partnerships/coalitions to see who else should be invited to help advance our goals of achieving health equity?
- How can we improve efforts to engage new members in meaningful ways?
- How can we strengthen communication and understanding among partners?

4. How can we anticipate and address group dynamics that may arise?

- What are some of the challenges in collaborating with different partners? Once identified, what steps can be taken to address these challenges?
- What potential issues concern our partners? What issues can be anticipated?
- How can we ensure that all partners meaningfully participate and influence decision making?

5. What are our next steps?

- What can we do differently to improve or enhance our partnerships/coalitions?
- What is our plan of action to implement those changes?