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Relationship Building for Public Health Professionals

Practical Strategies for State, Local, and Territorial Health Departments

PUBLIC HEALTH INFRASTRUCTURE & SYSTEMS

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Introduction

Welcome to the Relationship Building Guide!

When it comes to serving communities effectively, especially those who have been disproportionately impacted by health differences, relationship building is key. Strong relationships with the communities we serve, and those who serve them, allow us to be more directly responsive to population needs, share resources, and be better equipped to collectively meet the community's needs. These relationships are at the foundation of everything we hope to do together.

> ***Everything worthwhile is done with other people.***
>
> *- Mariame Kaba*

Purpose of the Guide

In this guide, we will cover the role of relationship building in advancing public health outcomes and some strategies you can implement to get there. The guide is anchored in a results-based accountability framework and insights from public health leaders across the country.

The Landscape

In 2023, NACCHO began to identify themes from our interactions with health departments about relationship building and developing more tailored responses for underserved populations. We consistently heard requests from local, state, and territorial health departments wanting to know what other health departments were doing in their jurisdiction, and how others were approaching relationships with communities across the public health landscape. As we began to seek out these answers, we saw that public health professionals were grounded in knowing that cross-sector collaboration and the breaking down of silos was one of the most significant assets they could build. Still, many stated they did not know the how-to of relationship building. For many health departments and community-based organizations (CBOs) alike, relationships seemed to focus on funding cycles and what one could get from the other, or the transactional relationship they could have. NACCHO and its partners sought new and innovative ways to prompt further discussion on relationship building and working across differences.

In May 2024, NACCHO hosted its first Virtual Relationship Building Symposium and invited leaders from the spectrum of public health organizations and those who contribute to the overall ecosystem of community health. With representation from 165 locations – from Maine to Guam – we identified four cross-cutting themes that health departments and their partners needed support to navigate. The themes were:

- **Political Polarization of Public Health:** Public health's efforts to serve populations disproportionately impacted by adverse health outcomes is often polarized; a zero-sum paradigm is employed to frame these efforts as taking from populations that are less impacted. These public health priorities – including their associated programs and terminology – have become polarizing topics across partisan circles, making it challenging for public health to do its work. The COVID-19 pandemic led to further polarization with direct challenges to public health, its authority, and its perception in the public eye. The lingering result has been a fostered mistrust in public health that has led to cutbacks in funding, staffing, and programs, impacting our ability to share resources, maintain relationships, and collaborate with partners.
- **Unequal Dynamics:** Unequal dynamics play a role in developing top-down, transactional relationships with community partners. Public health regularly struggles to share leadership, often making decisions without consulting partners first, hindering trust-building and opportunities to learn from past mistakes.
- **Funding:** Conventional grantmaking practices often exclude expenses that health departments might use to build or maintain relationships over the long term. In addition, funding priorities are most often set top-down by funders rather than bottom-up by community members, partners, or even the health department.
- **Communication:** Despite the ways that public health has been brought onto the world stage by COVID-19 and recent news, many people still do not fully understand what public health is or the role that we play in systemic change. The field as a whole lacks a unified narrative to discuss our work and its benefits. Additionally, our communication is frequently one-way; the health department tells the community what it can do for them, rather than bi-directional communication to determine community priorities together.

All of these factors strain relationships with the various organizations we might partner with and inhibit these relationships from flourishing and thriving beyond immediate crises or funding cycles. "Don't come to us only when you need us," was a commonly heard sentiment among community-based organizations and health departments that speaks to the lack of meaningful relationships between health departments and their community partners. The themes from this virtual session laid the foundation for NACCHO to engage in further discussion and knowledge building with health departments through an in-person convening focused on addressing the barriers and issues brought to light.

NACCHO held its second Relationship Building Symposium, a 2-day in-person convening located in St. Paul, MN, in September 2024. The primary purpose of the second symposium was to bring public health and community leaders together to build and practice the skills they need for value-based relationship building. A secondary purpose was to develop an action plan (Stay Ready (So You Don't Have to Get Ready): A Relationship Building Guide and Action Plan for Public Health Professionals) and this relationship building guide for health departments to use independently. The action plan and relationship building guide feature the 53 different strategies identified by attendees as approaches that health departments can take to relationship building.

How To Use This Guide

> ***Meet me before you need me***
> *– Relationship Building Symposium participant*

In short, this guide is meant to help you build value-based relationships with the partners you want by your side on your public health journey – through crisis or calm, regardless of shifts in funding and political priorities. You can employ this guide at any level within your department, but you may want to consider piloting it at the program or team level. After your pilot, use the successes and lessons learned to implement more broadly across the organization. A summary of what you can find in the guide is below, including an introduction to **The Five Pillars of Relationship Building**. Throughout the guide, you will find a variety of standalone tools and resources you can use to build a comprehensive action plan. These tools provide you with the flexibility to adapt strategies, depending on your agency's type, size, or scope.

Strategic Solutions

This section lays out the groundwork for why relationship building is important and the role it plays in advancing public health outcomes. This topic is then further explored through **The Five Pillars of Relationship Building.** These are the foundations for our approach and offer a range of strategies for action within each pillar.

I	II	III	IV	V
Gather the Stories and the Data	**Get the Partners**	**Build the Infrastructure**	**Train the People**	**Get the Funding**

The 53 different strategic approaches identified by the Relationship Building Symposium attendees have been sorted into each pillar under a table with accompanied tools and resources you can use to guide your implementation. Explore the pillars and strategies that most speak to your relationship building needs and reference the tools for more detailed guidance on what it might look like to employ them. In many cases, the resources highlighted can support the implementation of more than one of the highlighted strategies.

From Strategy to Action

In this section, you will take all the potential strategies introduced under the five pillars and identify specific actions that you want to take to further your relationship building. A template is included here to develop an action plan. Use this action plan to guide your efforts toward achieving your relationship building goals.

Appendix

A list of key glossary terms and definitions used throughout the guide can be found here for your engagement.

Relationship Pillars –
A Structure for Strategic Approaches in Partnership Building

Relationships play a key role in advancing public health outcomes across communities and populations, particularly for those who are underserved.[1] Public health focuses on population health, which requires health departments to work with their communities and a diverse array of people and organizations who each have a crucial role in the functioning of the whole community.

Even though a strong public health system requires interconnectivity across many sectors, health departments are often forced to work within siloes internally and externally. While the specialized nature of each public health area (e.g. maternal and child health, overdose prevention, chronic disease) give health departments authority and expertise in many ways, to rely on this alone can have its drawbacks on our potential impact.[2] For underserved populations that require more tailored responses, the drawbacks become starker.

The relationships we build within our communities allow us to be more in tune with the needs of our communities and therefore complement our expertise for a more direct response to those needs across differences. Strong relationships allow us to share resources, move with a shared purpose, and step up or step back where we or our partners may not be able to act. As a result, we increase our effectiveness as a collective and can achieve improved public health outcomes that benefit everyone in the community, but especially the populations who are disproportionately affected.[3]

In many cases, public health already has a slew of partners they may work with regularly. However, who we partner with, and how we build and maintain relationships with those partners matters.

1 National Academies of Sciences, Engineering, and Medicine. (2017). Communities in Action: Pathways to Health Equity. National Academies Press. https://doi.org/10.17226/24624

2 National Academies of Sciences, Engineering, and Medicine. (2017). Communities in Action: Pathways to Health Equity. National Academies Press. https://doi.org/10.17226/24624

3 National Academies of Sciences, Engineering, and Medicine. (2017). Communities in Action: Pathways to Health Equity. National Academies Press. https://doi.org/10.17226/24624

The Five Pillars of Relationship Building offers a wide range of strategies you can employ to start where you are and take steps to initiate, improve, and sustain relationships that improve health outcomes. These pillars are overarching areas that NACCHO has found to be fundamental for improving health outcomes among underserved populations in particular. In addition, to strengthening public health initiatives overall, they serve as a great foundation on which to build long-lasting relationships.

I. **Gather the Stories and the Data:** Explores strategies you can employ to collect data and community stories that can reshape narratives about public health.

II. **Get the Partners:** Offers strategies for building mutually beneficial partnerships that can enhance public health initiatives before their help is needed.

III. **Build the Infrastructure:** Provides the strategies you can employ to invest in the infrastructure that supports proactive relationship-building and community-driven leadership.

IV. **Train the People:** Promotes strategies for how all public health leaders, regardless of role, can become equipped with the skills and capacity to lead, collaborate, and advance strong relationships for public health.

V. **Get the Funding:** Examines strategies you can use with partners to revise funding mechanisms in ways that can support relationship building between and beyond funded initiatives.

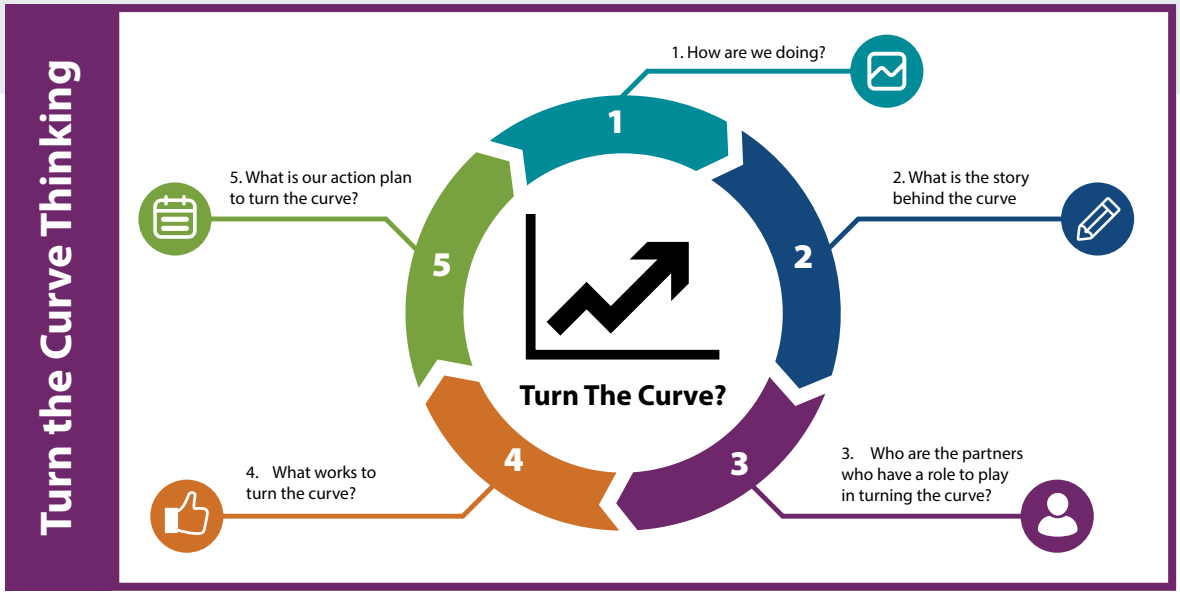
These pillars and their accompanied strategies emerged from the insights gained from NACCHO's two Relationship Building Symposiums and our use of the ***Results-Based Accountability (RBA) Framework ™***.

The Results-Based Accountability Framework™

The results-based accountability framework, developed by Mark Friedman, is "a disciplined way of thinking and taking action used by communities to improve the lives of children, families and the community as a whole. RBA is also used by agencies to improve the performance of their programs". RBA employs a step-by-step "turn the curve" decision-making process (See Figure 1) to move from "end" to "means".[4]

The RBA framework includes five steps meant to lead you towards "turning the curve" on a particular "end", or result that you want to achieve. We will explore these in more detail for our action plan, but the framework takes you through these five guiding questions:

I	II	III	IV	V
How are we doing?	What is the story behind the curve?	Who are the partners who have a role to play in turning the curve?	What works to turn the curve?	What is our action plan to turn the curve?



4 Results Leadership Group. (2010). *Results-Based Accountability guide*. https://www.dhs.state.il.us/onenetlibrary/27896/documents/by_division/dchp/rfp/rbaguide.pdf

Over many years of dialogue with health departments, NACCHO identified a need for stronger, more effective relationship building between health departments and their partners to achieve better health outcomes for underserved populations. In our use of the RBA framework, this need became the "end". Through our Relationship Building Symposiums, we engaged key public health leaders from local and state health departments, federal agencies, native nations, national associations, and community-based organizations in facilitated dialogues that took them through these steps. The insights gained resulted in a clearly articulated "state of affairs", its enabling and inhibiting factors, and who needs to be involved, as well as strategies needed to "turn the curve". To be considered for the guide, each strategy had to meet the following RBA criteria:

- **SPECIFIC:** Is the strategy specific enough to be implemented?
- **LEVERAGE:** Will the proposed strategy strongly impact progress in the ways intended?
- **VALUES:** Is the strategy consistent with the values of the health department, its partners, and the community?
- **FEASIBILITY:** Is the proposed strategy feasible?

This section of the guide outlines the different strategies – or Step 4 of the RBA framework – and a selection of tools on how to go about implementing them.

As you navigate through each of the pillars, you will encounter common challenges, practical strategies, and standalone resources to support your implementation.

Pillar 1: Gather the Stories and the Data

Narrative building has been a growing area in public health for some years now. Narratives are "the themes and ideas that are carried in collections of stories".[5] They help to shape what we believe to be possible and why. Within public health, we are constantly navigating different narrative landscapes that shape what types of public health programs, priorities and services have support in different periods of time. When we tap into the voices, stories, and data of our communities, we develop the ability to influence the narrative landscape, too. This is perhaps one of the most crucial pillars for public health to tap into to accomplish our goals.

Challenges[6]

- Harmful dominant narratives that limit the scope and authority of public health are often deeply entrenched, pervasive, and well supported by a vast network of people, institutions and resources.
- Public health relies on data to identify health differences, understand community needs, and inform our efforts. However, data alone does not capture context and is susceptible to feeding narratives that may harm the populations you aim to serve.

Key Strategies: What are the actions that work to "turn the curve"?

We can employ different strategies to shape the narratives that influence public health by finding ways to incorporate community voices, stories, and lived experiences into public health initiatives. This can look like gathering feedback through community listening sessions and town halls; data collection using qualitative methods; and messaging that amplifies lived experience. All of these help us to foster a more complete understanding of community context, including specific needs, challenges and what creates differences in health for underserved populations.[7]

5 The Narrative Initiative. (2026). What is Narrative? https://narrativeinitiative.org/what-is-narrative/

6 Hofrichter, R. (2024). Building Narrative Power [MOOC]. Roots of Health Inequity https://rootsofhealthinequity.org/course-previews/building-narrative-power

7 Wallerstein, N., Duran, B., Oetzel, J. G., & Minkler, M. (Eds.). (2018). Community-Based Participatory Research for Health: Advancing Social and Health Equity (3rd ed.). Jossey-Bass.

"People will forget what you said. People will forget what you did, but they will never forget how you made them feel."

- Maya Angelou

This simultaneously creates the opportunity to build authentic relationships with community members and partners because it requires an emphasis on listening first and foremost. The relationship building symposiums highlighted unequal dynamics as a significant hindrance to trust and relationship building. When we move from a place of listening first, we challenge top-down, paternalistic dynamics and communicate to potential community partners that we value their voice and experiences. This ultimately opens further opportunities for deeper dialogues and further collaboration beyond any single instance.

The specific strategies identified below emphasize collecting, elevating, and communicating both stories and data in ways that center community perspectives with the goal of promoting meaningful change.

Strategy	Description	Tools/Resources
Elevate the Voices and Stories of Different Experiences	Actively involve underserved communities in decision-making by organizing focus groups, town halls, or storytelling projects, and ensure their perspectives are represented in reports, communications, and partner meetings.	The Community Engagement 101: Ultimate Beginner's Guide is a guide that offers tools, and actionable plans at every stage of the community engagement lifecycle—from planning and stakeholder analysis to implementation and long-term relationship management. The Seven Directions Participatory Story Telling Guide is a tool that will guide you in how to create multimedia stories with community partners for use in public health initiatives.
Use Storytelling to Shape Data	Combine quantitative data with personal stories to contextualize statistics and make data-driven insights more relatable. Create reports or presentations that use real-world examples to explain metrics.	Watch Stories Beat Statistics for more on the impact that stories wield over statistics and how to gain deeper insights into the art and science of data storytelling.

Use All Opportunities for Storytelling and Messaging	Ensure consistent messaging across all communication channels (social media, newsletters, press releases). Tailor messages for various audiences and use every public-facing opportunity to reinforce your public health priorities and partnership goals.	Strategic Storytelling for Public Health Messengers is a fillable template that empowers users to confidently tell Strategic Stories about public health.
Include Community Voices	Integrate community feedback mechanisms (surveys, public forums) into the partnership process. Ensure that the community's needs, concerns, and recommendations shape the direction of initiatives.	The Checklist to Build Trust, Improve Public Health Communication, and Anticipate Misinformation During Public Health Emergencies is an instrument to help public health departments and communicators improve trust and communication, especially in anticipation of serious public health issues, health emergencies, and when misinformation is abundant.
Get Back to the Roots of Public Health as a Fairness Movement	Frame public health as a collective effort to create fair opportunities for health and well-being. Connect public health initiatives to shared values such as fairness, dignity, and community. Engage partners and the public in efforts that highlight public health's role in addressing inequities.	Read "The Exodus of Public Health What History Can Tell Us About the Future" by Amy Fairchild et al to better understand public health's history and its shifting scope due to varying societal forces.
Use Real-World Narratives	Continuously share stories from real-world initiatives advanced by successful partnerships to illustrate the impact of cross-sector collaboration.	Watch the Cross-Sector Partnerships: Highlights from NACCHO's Virtual Relationship Building Symposium. Representing a spectrum of industries, our esteemed panelists shared their experiences, strategies, and successes in breaking down silos and forging impactful partnerships. From leveraging technology for solutions to implementing community-driven interventions, our discussion highlighted the transformative impact of cross-sector collaborations in advancing health.
Increase Recognition / Visibility of Public Health Champions Who Are Unusual Suspects	Identify and spotlight non-traditional public health champions (e.g., business leaders, educators, community members) who are contributing to public health. Share their stories in the media, reports, and presentations.	Review the Leveraging Healthy People 2030 to Build Non-Traditional Multisector Partnerships toolkit from ASTHO. This toolkit is implementation-focused, providing partnership-building and -sustaining skills that are rooted in Healthy People 2030 tools and success stories and can be operationalized for community needs.

Launch a Long-Term Campaign to Show Public Health Is a Civic Responsibility (Not Just a Government Function)	Launch a public-facing campaign that frames public health as a shared civic duty, engaging both private and public sectors, as well as individuals, in ongoing public health efforts.	Review this resource on Civic Participation by Healthy People 2030 for literature summaries of the latest research on the societal forces that shape health outcomes.
Own, Shape, and Manage Narratives	Take control of the public health narrative by consistently shaping and sharing stories that reflect the core values and impact of these initiatives. Create a narrative framework to guide all communications.	Building Narratives from NACCHO's Roots series guides users on the uses of narrative for public health priorities.

Additional Resources to Support Your Process

- Building Narratives is a course that explores the use of stories to shape narratives and ultimately society as a whole. The course provides an overview of what narratives are, some harmful dominant narratives, and guidance on what it looks like to take action in leveraging new narratives for health improvement.
- Leveraging Healthy People 2030 to Build Non-Traditional Multisector Partnerships: The goal of this toolkit is to help state and territorial health agencies (S/THAs) build non-traditional, non-public health sector partnerships to improve health outcomes. The Healthy People 2030 objectives, aligned closely with the Health in All Policies (HiAP) lens, can serve as the cornerstone of these collaborations. This toolkit is implementation-focused, providing partnership-building and -sustaining skills that are rooted in Healthy People 2030 tools and success stories and can be operationalized for community needs.
- Using Healthy People to Develop Multisector Partnerships: This toolkit focuses on how multisector partnerships can use Healthy People 2030 objectives to address vital issues in communities. Engaging stakeholders across the spectrum of expertise, multi-sector partnerships seek to pool resources, skills, and knowledge to work together more effectively to address critical problems.

Pillar 2: Get the Partners

Effective public health practice has always required partnerships with organizations, community members, and leaders beyond government agencies[8]. However, recent infectious disease outbreaks have exposed how little many in the U.S.—including potential partners—understand about public health systems and their role[9]. Nurturing strong, mutually beneficial cross-sector relationships with the right partners before they are needed is crucial, so that when public health crises strike, communities are already connected and prepared to act .[10]

Challenges

- Limited trust between your health department and the community at large due to the key relationship building inhibitors outlined above (unequal dynamics, the polarization of public health, funding, and clear communication about the role that public health plays).
- Insufficient infrastructure (funding, staff, opportunities) to sustain partnerships once established, making it difficult to invest in or commit to long-term collaboration.
- Misaligned goals across sectors, leading to competing interests when opportunities to collaborate do arise.

Key Strategies: What are the actions that work to "turn the curve"?

There are many strategies we can employ to get our potential partners "in the room", so to speak, even if we have to start small. Relationship building is analogous to community engagement, which can be understood as existing on a spectrum from inform to consult to involve to collaborate to empower.[11] In your early stages, engaging with new potential partners may actually require lighter or even short-term activities, like attending one-off community events or collecting community input via surveys.

8 National Academies of Sciences, Engineering, and Medicine. (2017). Communities in Action: Pathways to Health Equity. National Academies Press. https://doi.org/10.17226/24624

9 National Academies of Sciences, Engineering, and Medicine. (2017). Communities in Action: Pathways to Health Equity. National Academies Press. https://doi.org/10.17226/24624

10 National Academies of Sciences, Engineering, and Medicine. (2017). Communities in Action: Pathways to Health Equity. National Academies Press. https://doi.org/10.17226/24624

11 International Association for Public Participation. (2018). IAP2's public participation spectrum. https://www.iap2.org

You don't want to stay here, but you also don't want to overpromise what you can commit to. Overselling the level of engagement or resources (time, staff, funding) you can contribute to a collaboration is a sure way to further erode trust. Trust requires consistency, so the most important thing is that you commit to what you *can* do, and then you keep showing up.[12] From there, you lay the groundwork to strengthen your relationships and keep working up to true collaboration with shared decision-making and leadership across partners.

At the heart of this pillar is recognizing that trust is not a byproduct of partnerships; it is a public health intervention. Investments in building trust must be viewed as preventative actions that strengthen community resilience and responsiveness long before crises occur.[13] These investments require us to shift from transactional relationships to relational ones. In doing so, public health professionals are better positioned to understand what motivates potential partners and to develop a shared vision of success. To bring new partners to the table, especially in a time of political polarization, public health leaders must clearly communicate how public health's initiatives advance specific partner interests and broader community well-being, especially for those who are underserved.

Explore some specific strategies below to get started on connecting with new partners or strengthening the relationships you have with current partners.

Strategy	Description	Tools/Resources
Build Relationships Before a Crisis	Establish regular, proactive meetings with partners and community leaders outside of emergencies. Foster trust and familiarity through routine engagement.	Collective Impact Forum's Cross-Sector Partnership Assessment and its related resources are a good place to start to consider how best to work with new partners. This tool is especially geared towards better outcomes for lower-income populations in urban areas.
Go to the People Consistently	Engage communities by regularly attending events, meetings, and gatherings in their own spaces, rather than expecting them to come to you.	See the general tools below.

12 Centers for Disease Control and Prevention. (2025). Principles of Community Engagement (3rd ed.). Agency for Toxic Substances and Disease Registry.

13 Centers for Disease Control and Prevention. (2025). Principles of Community Engagement (3rd ed.). Agency for Toxic Substances and Disease Registry.

Establish Bi-Directional Communication Channels	Create systems where information flows both ways between public health departments and the community, allowing for ongoing feedback and collaboration (e.g., suggestion boxes, regular forums).	Community Voice: Guiding Principles Across the Spectrum of Engagement is a two-pager outlining guiding principles for amplifying community voice.
Connect the Dots for Partners	Proactively explain how public health priorities align with potential partners' goals. Use case studies and real-world examples to show how collaboration benefits them as well as the health department.	See the general tools below.
Use Community-Led Data interpretation	Engage community members in interpreting health data through workshops or focus groups, allowing them to draw conclusions and prioritize solutions.	Community Based Participatory Research for Health – Advancing Social and Health is a book that provides practitioner-focused guidance on community based participatory research (CBPR) and community engaged research (CEnR). Health in Partnership's (formerly Human Impact Partners) Research Code of Ethics is a guide to ensure the organization's research is rigorous, equitable, and just, and to hold organization staff accountable to the communities and the community organizing groups they conduct research with.
Give the Community the Mic	Host events, panels, or media opportunities where community leaders speak on community health issues rather than public health professionals speaking for them.	See the general tools below.
Explain How Missions Are Connected	In meetings or communications, clearly articulate how public health initiatives align with the missions of potential partners (e.g., businesses, nonprofits) and demonstrate mutual benefits.	See the general tools below.

Create a Plain Language Guide for This Work	Develop a plain language toolkit for health departments to use when communicating with partners, explaining key concepts and partnership processes that use plan language, avoid jargon, and normalize definitions to ensure all stakeholders are aligned and communicating clearly.	Use the following guides from the CDC and the Public Health Communications Collaborative for guidance Everyday Words for Public Health Communication CDC Plain Language Materials & Resources Plain Language for Public Health
Be Physically Present & Reciprocate Support	Attend events that are important to the community, even when they're not directly related to public health. Show up consistently to demonstrate solidarity and support.	See the general tools below.
Use Plain Language in MOUs and Contracts	Draft Memoranda of Understanding (MOUs) and contracts in plain language to ensure that all parties fully understand their roles, expectations, and commitments.	Use the Mobilizing for Action through Planning and Partnerships (MAPP) Handbook – Administrative Structures (including MOUs) and Workgroup Charter Template and Example (p. 59). MAPP 2.0 is a community-driven strategic planning process to achieve conditions in which everyone has a fair and just opportunity to achieve optimal health. Phase 1, Step 4 is "Establish Administrative Structures for MAPP" and includes some guidance and resources about developing MOUs on p. 49.
Use a Community of Practice Framework	Build a "community of practice" where public health professionals and community leaders share best practices, learn together, and support each other's capacity-building efforts.	The National Network of Public Health Institutes (NNPHI) Guide to CoPs is a practical resource that explains how to design, launch, and sustain Communities of Practice. The guide provides step-by-step guidance, tools, and best practices for fostering ongoing learning, strengthening relationships, and improving public health practice through peer exchange and collective problem-solving.
Use an Accountable Healthy Communities Model	Implement a model where public health partnerships are held accountable for delivering tangible health outcomes. Establish metrics, regular reporting, and feedback loops to ensure transparency.	To learn more about the Accountable Healthy Communities Model, visit the Centers for Medicaid and Medicare Services (CMS) webpage here.

Additional Resources to Support Your Process

- Building Community is a course in NACCHO's Roots series that focus on public health's relationship with its surrounding communities, authentic community engagement, and how to build partners to achieve public health outcomes that improve health differences for underserved populations.
- The Collective Impact Forum includes a framework and a range of resources for developing partnerships for collective impact. CIF is a network of community members, organizations, and institutions who advance health outcomes by learning together, aligning, and integrating their actions to achieve population and systems level change.
- The Community Engagement 101: Ultimate Beginner's Guide is a guide that offers tools, and actionable plans at every stage of the community engagement lifecycle—from planning and stakeholder analysis to implementation and long-term relationship management.
- Leveraging Healthy People 2030 to Build Non-Traditional Multisector Partnerships: The goal of this toolkit is to help state and territorial health agencies (S/THAs) build non-traditional, non-public health sector partnerships to improve health outcomes. The Healthy People 2030 objectives, aligned closely with the Health in All Policies (HiAP) lens, can serve as the cornerstone of these collaborations. This toolkit is implementation-focused, providing partnership-building and -sustaining skills that are rooted in Healthy People 2030 tools and success stories and can be operationalized for community needs.
- Using Healthy People to Develop Multisector Partnerships: This toolkit focuses on how multisector partnerships can use Healthy People 2030 objectives to address vital issues in communities. Working across and engaging stakeholders across the spectrum of expertise—including public health, healthcare, education, housing, economic development, and transit—multi-sector partnerships seek to pool resources, skills, and knowledge to work together more effectively to address critical problems.

Pillar 3: Build the Infrastructure

Strong relationships require a strong infrastructure with which to support them. This infrastructure can consist of many things; from workforce size and funding to specialized skills and personalized relationships to accessible space for gathering and other resources. This infrastructure both supports the "container" in which we build our relationships and how we ensure our relationships remain mutually beneficial – not in a transactional way but in a transformational way, depending on how resources are used.

Challenges

- Lack of funding: public health as a field has long struggled with acquiring and maintaining sufficient levels of funding to support its basic functions. And many public health programs have come and gone with the boom-and-bust cycle of varying public health crises.[14]
- Leadership who is unwilling, or unable, to prioritize and invest in the resources needed for proactive relationship-building for the long-term.

Key Strategies: What are the actions that work to "turn the curve"?

In order to build the infrastructure, health departments must intentionally invest in the policies, processes, workforce, and leadership structures that allow relationship-building efforts to thrive beyond individual projects, funding cycles, or staff transitions. The strategies in this pillar focus on creating the organizational infrastructure needed to sustain partnerships, build capacity, share decision-making, and support long-term community engagement.

14 Trust for America's Health. (2024). *The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations.*

Strategy	Description	Tools/Resources
Manage Up and Across	Align leadership goals to include proactive relationship building. Position tailored responses for underserved populations and partnerships as a key component of organizational success by demonstrating how it aligns with leadership priorities. Frame efforts in ways that make leaders look good and highlight successes that resonate with their goals.	Building Your Workplace at Local Health Departments: This toolkit provides practical strategies for fostering equitable workplace cultures, aligning organizational values, and creating more effective policies, practices, and decision-making processes. Adaptive Action Guide: The Adaptive Leadership framework helps public health professionals address complex challenges that don't have straightforward solutions.
Prioritize Internal Communications and Build Support Structures	Establish dedicated internal communication channels and structures that keep reducing health differences as a focal point for all staff, ensuring everyone is informed and aligned with public health efforts.	See the general tools below.
Expand Capacity in Creative Ways	Address capacity constraints in health departments by leveraging paid community connectors, subject matter experts, partners, and contractors to expand the workforce without overburdening existing staff.	The University of Minnesota Community Health Worker Toolkit provides resources for recruiting, supporting, integrating, and sustaining Community Health Workers within public health.
Create a Task Force for Shared Decision-Making	Establish a dedicated task force within the organization that has the authority to influence decision-making and drive initiatives for underserved populations.	Review the Mobilizing Action and Planning through Partnerships (MAPP 2.0) - Administrative Structures Guidance; Workgroup Charter Template (p. 59) for more guidance.
Add Community Representatives to Health Boards and Advisory Boards	Ensure community members, especially from underrepresented groups, have seats on health department boards or advisory groups with shared decision-making.	Phase I, Step 2 of the MAPP 2.0 Framework and its supplementary primer Practice 4 – Cultivate Relationship with Communities and Partners provides some helpful guidance here.

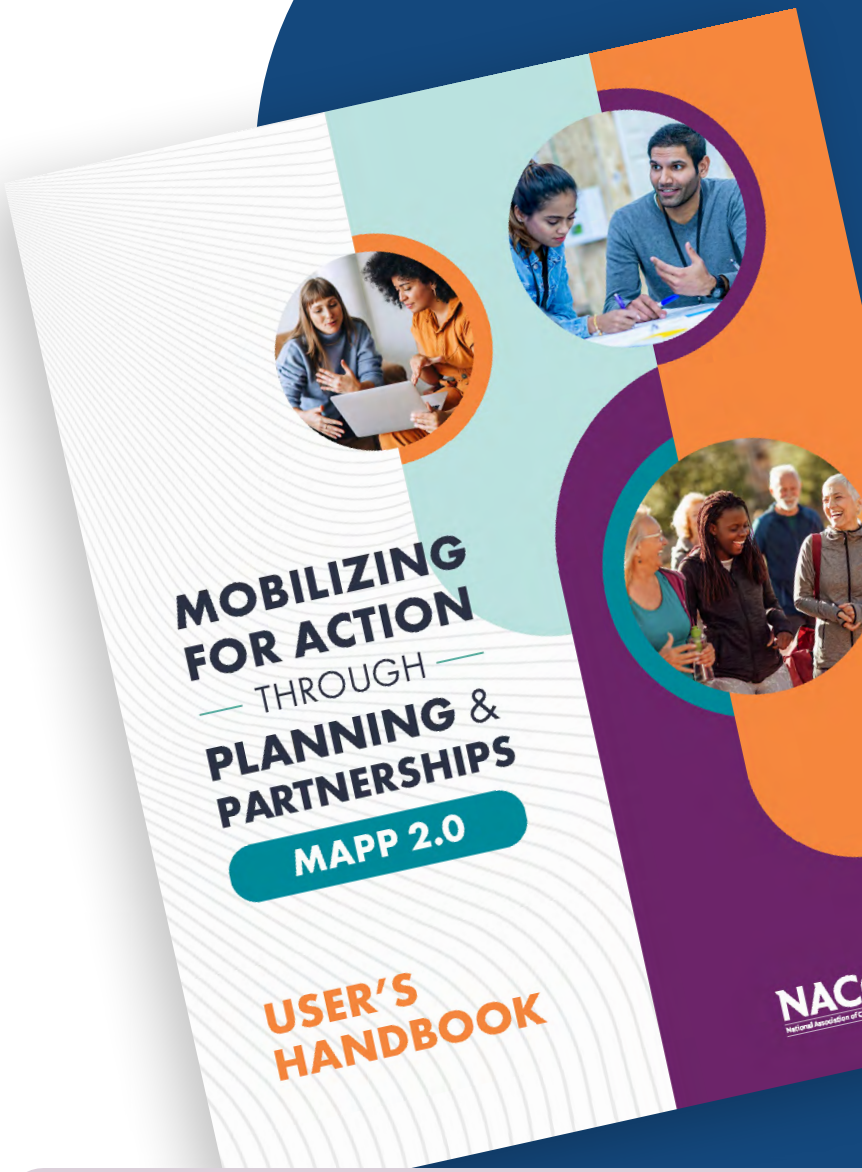
Foster a Values and Mindset Shift in Organizational Culture	Promote an organization-wide shift toward prioritizing organizational culture change through training, values-based leadership, and integrating values into the organization's mission.	Building an Equitable Workplace NACCHO Toolkit provides practical strategies for fostering stronger workplace cultures, aligning organizational values, and embedding a focus on health differences into policies, practices, and decision-making processes.
Empower Community Health Workers (CHWs) on Every Team	Integrate CHWs into all public health engagement teams, ensuring they play a key role in connecting with communities and informing strategies.	Review the UMN CHW Toolkit for resources on recruiting, supporting, integrating, and sustaining Community Health Workers within public health.
Develop Succession Plans for New Initiatives	Create and implement succession plans for key roles and initiatives to ensure continuity of efforts regardless of staff turnover.	Understanding and Planning for Sustainability is a guide that helps public health organizations develop strategies to maintain programs, partnerships, and outcomes over time. It provides a structured approach to assessing sustainability, identifying resources and funding opportunities, engaging stakeholders, and creating action plans to support long-term impact beyond initial implementation or grant funding.
Involve Communication Teams in All Initiatives	Ensure communication and information-sharing teams are included from the start of all initiatives to craft cohesive and effective messaging.	The Plain Language for Public Health guide supports public health communicators in creating messaging to advance health literacy, build trust in your organization as a source of information, and promote overall community health.
Vet Potential Partners' Leadership Teams for Alignment	Assess potential partners' leadership teams for their commitment to serving underserved populations before formalizing collaborations to ensure mission alignment.	The Partnership Evaluation Guide helps local health departments assess the effectiveness of their partnerships and improve collaboration outcomes.
Strengthen Local Health Infrastructure	Invest in local health infrastructure, focusing on long-term capacity building and resource allocation for underserved areas.	See the general tools below.

Shift from Hierarchical to Shared Leadership	Move from traditional hierarchical models to shared leadership approaches, sharing decision-making across teams and community partners.	Building Community is a course in the Roots series that focus on public health's relationship with its surrounding communities, authentic community engagement, and how to build partners to achieve public health outcomes that improve health differences for underserved populations.
Reinvest in Skill-Building and Capacity Development	Continuously invest in training, professional development, and capacity-building for staff, especially in areas related to health differences.	NACCHO University is a dedicated learning portal and online training hub designed to connect local public health staff with a host of virtual trainings, webinars, and skill-building resources to up their capacity across various topic areas.
Support Community Efforts to Uplift Policy Change	Where public health departments cannot act or act alone, amplify the voices of community partners who are pushing for policy changes that support closing the gap in health differences.	The Health in All Policies Evaluation Guide provides a framework for assessing how well Health in All Policies (HiAP) initiatives are implemented and their impact on collaboration, policy change, and community health.
Promote Awareness of Legislative Changes that Advance Systems Change	Increase awareness of legislation that explicitly advances systems change and incorporates measures to prioritize it in funding decision**s**.	The Health in All Policies Evaluation Guide provides a framework for assessing how well Health in All Policies (HiAP) initiatives are implemented and their impact on collaboration, policy change, and community health.
Embed Relationship Building in the Hiring and Interview Process	Incorporate relationship focused questions and criteria into hiring practices, ensuring new hires are aligned with organizational goals around relationship building.	See the general tools below.
Increase Workforce Representation	Implement targeted recruitment and retention strategies to increase representation of different backgrounds across all levels of the public health workforce. This ensures an additional layer of representation of community needs through employee's lived and shared experiences with community members**.**	See the general tools below.

Resources to Support Your Process

- Reimagining Public Health Workforce is a course that explores public health infrastructure and its internal barriers to advancing better health outcomes for underserved populations. The course guides participants through strategies for fostering stronger leadership, communication across partners, flexible funding mechanisms, improving organizational culture, and more.

- The Mobilizing for Action through Planning and Partnership (MAPP) 2.0 Framework is a community-driven strategic planning process to achieve conditions in which everyone has a fair and just opportunity to achieve optimal health. The MAPP 2.0 framework includes guidance, tools, and templates to support community partnerships, governance structures, workgroups, and collaborative decision-making.



Pillar 4: Train the People

There is always a need for capacity-building through training and developing staff. Public health has made many advances and is still evolving in its approach to tackling health differences across underserved populations.[15] Staff at all levels, from frontline workers to senior leadership, can benefit from intentional training and development that fosters a shared understanding of health differences, strengthens leadership capabilities, and builds effective communication practices. This also brings opportunities to collaborate on capacity-building initiatives with community partners, where requested, to strengthen leadership potential, shared decision-making, and expertise. Without this foundation and ongoing development, public health efforts risk becoming fragmented, performative, and disconnected from the needs of the communities they serve.[16]

Challenges

- The politicization of public health continues to impose barriers on the workforce's ability to learn, discuss, or report on health differences, as well as what drives them, and to practice new capacity-building skills in addressing them.
- Workforce attrition as health departments struggle to retain staff with fluctuating budgets can lead to loss of in-house expertise, including from more recently trained or onboarded staff.

Key Strategies: What are the actions that work to "turn the curve"?

To strengthen your relationship building efforts through training, you can focus on the below strategies to invest in the growth of both public health professions and communities. These strategies aim to ensure that all staff and partners, regardless of their role, are equipped to lead and collaborate in ways that center holistic community health.

15 Centers for Disease Control and Prevention. (2024). Advancing Science and Health Equity: CDC Strategic Plan 2022–2027.

16 National Academies of Sciences, Engineering, and Medicine. (2023). The Future of the Public Health System in the United States.

Strategy	Description	Tools/Resources
Civics Training for Community Participation	Provide civics training to community members, equipping them with the knowledge to effectively navigate local governance and decision-making processes.	For a curated list of strategies dedicated to expanding civic health and engagement, explore Strategies: Civic Health from County Health Roadmaps & Rankings.
Community Responsiveness Training	Implement training on community responsiveness and cultural relativism for public health professionals, helping them better understand and respect diverse cultural perspectives.	For online training on this topic, take Expansive Connections from the Region 2 Public Health Training Center to work on incorporating greater community responsiveness into your public health practice.
Leadership Coaching and Development	Offer coaching programs to build leadership skills within public health teams, focusing on collaborative, population-focused leadership development.	NACCHO's Adaptive Leadership portfolio includes a framework, learning academy, online courses, trainings, and coaching opportunities for public health leaders. NACCHO's RISE (Resilience | Innovation | Strategy | Excellence): A Roadmap for New Local Health Officials program is an annual training and development opportunity for public health leaders looking to build skills that can be applied to efforts to support underserved populations and collaborative initiatives.
Standardize Job Descriptions, Performance Reviews, and Work Plans	Provide templates and training for creating value-focused job descriptions, performance reviews, and work plans to ensure alignment with health outcome goals.	This hiring toolkit from the Oregon Health Authority includes a range of strategies for bolstering your staff recruitment, retention and development efforts. The California Department of Public Health developed this toolkit to exemplify the ways different health departments are bolstering their workforce to strengthen efforts for underserved populations.

Communications Training	Conduct targeted communications training for public health staff to improve their ability to convey messages effectively, especially when engaging with partners or the public.	The FrameWorks Institute remains a strong resource of tools and training for more effective communication that can lead to a better world. This National Collaborating Centre has developed the Learning Together: Communicating to Propel Organizational Capacity for Action resource to explore ways of communicating about health differences to different audiences.
Health Differences Training for Serving Underserved Populations	Offer comprehensive education and training on serving underserved populations to ensure all staff and partners understand and are committed to advancing their work.	See the general tools below.
Media Literacy Training	Provide media literacy training for staff and community partners to help them critically assess and engage with media narratives about public health.	The Social Media Toolkit: A Primer for Local Health Department PIOs and Communications Professionals is a guide to build your in-house expertise in using social media.
Simple Feedback in Service Interactions	Encourage public health professionals to ask simple, direct questions during community interactions (e.g., "Did I meet your needs?") to gather feedback and adjust services accordingly.	How to Use Feedback Loops to Engage Your Community offers guidance on how regular feedback can be incorporated into community engagement to improve public health services.
Increase Community Representation in Leadership Roles	Prioritize hiring and promoting leaders from different backgrounds and experiences, ensuring representation in leadership that reflects the community.	The Collective Impact Forum's Community Engagement Toolkit includes guidance on how to assess and improve representation across staff roles.

Additional Resources to Support Your Process

- NACCHO University is a dedicated learning portal and online training hub designed to connect local public health staff with a host of virtual trainings, webinars, and skill-building resources to up their capacity across various topic areas.
- Roots is a free, online learning collaborative of ten distinct courses to support public health practitioners and their partners in their efforts to tackle roots. This resource boasts a series of online videos, interactives, worksheets, and discussion prompts to support users' learning.

Pillar 5: Get the Funding

Sustainable public health practices that can meet the needs of underserved populations depend not only on strong partnerships and strategies, but also on funding mechanisms that enable flexibility, innovation, and long-term impact. Strategic funding investments strengthen the foundation for ongoing collaboration and enable departments to shift from reactive responses to proactive, relationship-centered approaches.[17,18] As public health professionals navigate ongoing and emerging challenges—from infectious diseases to extreme weather impacts—there is a growing need to rethink how funding is structured, used, and measured.

Challenges[19,20]

- Public health's historical boom-and-bust cycle makes it difficult to rely on funding beyond short-term project periods.
- Narrow funding requirements with heavy, time-consuming reporting requirements limit flexibility to capture meaningful long-term impacts and respond to community needs that may be outside of funder's priorities.

Key Strategies: What are the actions that work to "turn the curve"?

The foremost priority to get funding that can wholly support relationship building that minimizes health differences is advancing more flexible funding approaches that allow health departments to align resources with local priorities.[21] More flexible funding can help combine multiple funding streams, increasing adaptability and public health's ability to support more comprehensive, cross-sector efforts. These approaches allow health departments to focus on what matters most, so they can better respond to community-defined needs while making more efficient use of limited resources.

17 Centers for Disease Control and Prevention. (2026). Public Health Infrastructure Grant (PHIG).

18 Trust for America's Health. (2024). The Impact of Chronic Underfunding on America's Public Health System 2024: Trends, Risks, and Recommendations.

19 Trust for America's Health. (2024). The Impact of Chronic Underfunding on America's Public Health System 2024: Trends, Risks, and Recommendations.

20 National Academies of Sciences, Engineering, and Medicine. (2012). For the Public's Health: Investing in a Healthier Future.

21 McCord RF, et al. The Use of the CDC Preventive Health and Health Services Block Grant to Address Social Determinants of Health to Advance Health Equity. Journal of Public Health Management and Practice (2025).

These approaches also create the opportunity to work with community partners to redefine metrics for success. Public health can shift from solely traditional metrics that emphasize concrete outputs—such as activities completed—to include those metrics that capture the less tangible though at least as important outcomes. For example, community trust, sustained systems change, or the number and quality of relationships built or strengthened.

Ultimately, funding is not just a resource—it shapes priorities, behaviors, and outcomes. Aligning funding with public health goals requires a shift toward systems that are flexible, sustainable, and centered on community priorities.[22] Through strategic use of resources, reduced administrative burden, and more meaningful measures of success, health departments can build a stronger foundation for lasting impact on our communities.

Strategy	Description	Tools/Resources
Decolonize the Funding Process	Push for funding processes that are less hierarchical and more inclusive, prioritizing community input in funding decisions.	The Decolonizing Wealth Project has examples of what it might look like to truly decolonize funding mechanisms. Root's Reimagining Public Health Workforce course included some sections that speak to the challenges presented by current public health funding and ways these can be navigated.
Secure Capacity-Building Funding Support	Secure funding specifically for capacity-building efforts, such as hiring, training, and infrastructure improvements, to strengthen public health departments.	The Braided and Blended Funding snapshot lists example strategies for combining multiple funding streams to increase flexibility, reduce reliance on a single source, and better align funding with community needs and long-term goals. The Understanding and Planning for Sustainability Guide offers step-by-step guidance and templates for sustaining programs and partnerships beyond initial funding cycles

22 National Academies of Sciences, Engineering, and Medicine. (2012). *For the Public's Health: Investing in a Healthier Future*.

Reduce Reporting Burden	Push for streamlined reporting requirements in grants, allowing public health departments to focus more on delivering outcomes than on administrative tasks.	This Performance Measures Toolkit supports integrating a focus on health differences work and community voice into funding decisions by offering tools to assess whether investments are aligned with the needs of underserved populations.
Redefine Metrics for Success	Collaborate with communities and partners to redefine what success looks like in initiatives, shifting away from traditional top-down metrics.	This Performance Measures Toolkit supports integrating a focus on health differences work and community voice into funding decisions by offering tools to assess whether investments are aligned with the needs of underserved populations.
Connect with Systems-Focused Funders	Build a database or network of organizations that provide funding for systems change work and connect public health departments with these resources.	The Understanding and Planning for Sustainability Guide includes links to funding databases and other resources.

Additional Resources to Support Your Process

- NACCHO's Public Health Finance webpage focuses on the financial health of state and local public health agencies and resources to help health departments sharpen their big picture understanding of local public health finance and enhance their individual organizational financial health.

From Strategy to Action

The five pillars, defined by the Relationship Building Symposium participants, provide strategic direction for health departments to take when building their partnerships and help to narrow down areas of focus. In this way, health departments can clearly align strategies with specific actions they can take to further their partnerships. This should lead to partnerships that are aligned with the overall goal of serving communities effectively, efficiently, and responsibly for meaningful improvements in health outcomes.

Building an Action Plan

To develop your action plan, you can adapt the RBA framework to further tailor this guide and its strategies to your particular needs.

For more detailed step-by-step guidance on how to implement the RBA framework, download Clear Impact's free e-book:

The Results Based Accountability Guide.

What Is the End?

These strategies were identified with this end in mind: *To establish and strengthen cross-sectoral partnerships that will enhance public health departments' efforts to advance health outcomes for underserved populations.*

How Are We Doing?

At this stage, determine what the status of your current relationship building efforts are in relation to the established "end" above.

What Is the Story Behind the Curve?

Here, you are identifying the "story" or the factors at the root of the status you've determined above. You might determine this through team dialogues, focus groups, surveys, or even your own relationship building symposium, depending on what makes sense for the size of your team.

Who Are the Partners Who Have a Role to Play in "Turning the Curve"?

At this point, you want to think about who you want to build or strengthen relationships with and why. Start by regarding the entire landscape of potential partners within your community. Of these, who do you already have a relationship with that can be strengthened, and who do you have no relationship with that you might want to build one with? Don't limit your potential partners but be mindful of all areas in the community, from community residents to healthcare facilities to local business, schools, government and arts and recreation. Remember, public health touches everything so anyone can be a potential partner.

Once you have a clear picture of your full potential partnership landscape, it's time to identify who you want to prioritize in your relationship building efforts. To help focus your list, some questions you'll want to consider are:

- ***Who can benefit from our established "end"?***
- ***Who has the ability to "turn the curve" on our established "end"?***
- ***What relationship do they have with the community at large, its members and organizations?***
- ***What resources can they potentially contribute to collaborative efforts?***

What Works to Turn the Curve?

Here you can refer back to the five pillars of strategies above for potential focus areas. As you work to improve health outcomes for underserved populations, what areas do you most need to prioritize? Getting the stories and data to reshape public health narratives, or building the infrastructure for collaborative partnerships that can advance those health outcomes? Or is funding your biggest issue? Based on *your* priorities, identify the strategies within each pillar that you most want to focus on.

Keep in mind that trust and relationship building require you to be in for the long haul, so look at each of your strategies as multi-year and multi-pronged. Relationships can be leveraged across a range of programs, initiatives and activities

Develop and Implement an Action Plan

Now you're ready to develop your action plan and get started on turning the curve! Use the template and example below. To start, try to focus on 2-3 strategies per pillar and determine the tactics – or actions – you will need to take to implement that strategy.

Action Plan Template

Pillar(s): Train the People; Get the Funding

Tactics	Partners	Resources Needed	Timeline	Performance Indicator
Strategy 1: Health Difference Training for Serving Underserved Populations (4.6)				
Develop a joint taskforce that can identify training needs and objectives for staff and partners	Community Participatory Action Hub	Staff Partners	Aug-Sept 2026	# of taskforce members Completion of training needs assessment
Identify a training that fits available funding and resources	Community Participatory Action Hub	Training Funding	Sept-Oct 2026	# of trainings identified
Conduct a pre-training assessment	Community Participatory Action Hub	Evaluation staff	Oct 2026	% of staff who completed the assessment
Implement training for staff and partners	Community Alliance for Underserved Populations; Community Participatory Action Hub; East Hospital Center; Local Business Collaborative	Training Venue Food & beverage Printing & supplies	Nov 2026-Jan 2027	# of staff to complete the training
Conduct a post-training evaluation and share results with staff	Community Participatory Action Hub	Evaluation staff	Feb 2027	% of staff who completed the assessment

Strategy 2: Secure Capacity-Building Funding Support (5.2)				
Research available funding sources and opportunities that can support capacity-building objectives	N/a	Staff	Jun 2026	# of funding sources available
Present findings to necessary staff and partners and	N/a	Staff Partners Meeting venue	Jun 2026	# of meetings held to present findings
Develop a strategy for funding submissions, e.g. joint vs individual applications	Community Alliance for Underserved Populations	Staff Partners Meeting venue	Jul 2026	Documented approach to funding applications
Draft and submit funding application	Staff + Identified Partners	Staff Partners	Aug-Dec 2026	# of funding applications submitted # of funding applications submitted that engaged one or more partners
Discuss opportunities to braid or blend funding streams for awarded funds.	Community Alliance for Underserved Populations	Staff Partners Meeting venue	Jan-Jul 2027	Documented funding strategy

Example Action Plan | Pillar:

Tactics	Partners	Resources Needed	Timeline	Performance Indicator
Strategy 1:				
Strategy 2:				
Strategy 3:				

Appendix: Glossary of Terms

Relationship building, community engagement, and public health work often involve terminology that may be interpreted differently across organizations, sectors, and communities. The following glossary provides working definitions for key terms used throughout this guide. Use these as a start and feel free to expand this list with your own terms and definitions to promote shared understanding and common language among your partners.

Community Engagement

The process of collaborating with community members to identify priorities, inform decision-making, and shape initiatives.

Health Difference

A difference in a health outcome across one or more populations, most often revealing adverse health outcomes for an underserved population.

Partnership

A mutually beneficial relationship between individuals, organizations, or communities working toward shared goals.

Relationship Building

The intentional process of developing and maintaining lasting, trust-based relationships with individual, organization, and community partners.

Results-Based Accountability (RBA)

A disciplined way of thinking and taking action used by communities to improve the lives of children, families, and the community as a whole.

Systems Change

Changes to policies, practices, structures, or relationships that influence how systems operate and impact communities.

Underserved Population

A group of people that face barriers to accessing health care, public health services, and other resources, resulting in greater risk of adverse health outcomes.

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The National Association of County and City Health Officials is the voice of more than 3,300 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to ensure the safety of the water we drink, the food we eat, and the air we breathe.

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1201 Eye Street, NW • 4th Floor • Washington, DC 20005

P 202.783.5550 F 202.783.1583