# Resources for Collaboration and Power Sharing

*Between Government Agencies and Community Power-Building Organizations*

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power-sharing-guide

**JUNE 2022**

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*Resources for Collaboration and Power Sharing Between Government Agencies and Community Power-Building Organizations*

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*CHAPTER 1*

# Actions to Support Community Power-Building Organizations

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# Partnering with community power-building organizations

Public health departments around the country are increasingly partnering with community power-building organizations (CPBOs) — which organize communities most impacted by inequitable systems — to advance health equity. These partnerships are yielding exciting outcomes, including greater trust and deeper relationships between governmental public health and communities, power building and sharing, and policy shifts and systems change to transform material conditions in communities most impacted by inequities.

This resource outlines how health departments can partner with CPBOs, how to build the internal foundations and authentic relationships for partnership, and walks through 4 concrete actions health departments can take to bring these partnerships to life:

- **Give CPBO partners access to health data and evidence to support their campaigns**
- **Create accountability mechanisms within the health department**
- **Leverage relationships across the government**
- **Leverage relationships across the wider nonprofit and funder ecosystem**

## What are CPBOs?

CPBOs are community organizations that support base building, often around a certain location (e.g. a neighborhood, city, or state), demography or identity (e.g. youth, formerly incarcerated people, tenants, undocumented immigrants) or issue (e.g. health equity, environmental justice.) They're also sometimes called grassroots organizing groups, movement-building organizations, community organizing groups, and base-building groups.[1]

Not all community-based organizations are CPBOs. What differentiates CPBOs is a commitment to organizing and base building. CPBOs are deeply rooted in and accountable to communities, making them adept at navigating intricate local politics to create real change.

**Check out this resource on how to find a CPBO in your area!**

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1    https://www.lead-local.org/glossary

# Why build community power and partner with CPBOs?

**CPBOs explicitly work to transform who has power and how power operates**, focusing specifically on building power and fostering leadership among those most impacted by structural oppression. Community power-building is a *process* for achieving health and racial equity, in that CPBOs organize people to work together to identify and improve the social, economic, and environmental determinants of health. It's also an outcome in and of itself: transforming inequitable systems of power and redistributing decision-making power is inherently good for community health.

**Partnerships between health departments and CPBOs result in transformative improvements in communities' material conditions** by leveraging the unique institutional strengths and cultures, types of power, and connections of both organizations.

**Notably, partnerships with CPBOs benefit health departments, too.** CPBOs can help safeguard the role of governmental public health when it comes under attack, as we've seen during the COVID pandemic. And CPBOs can be a voice to advocate for shared policy and systems change goals when health departments' capacity is stymied due to political constraints.

# Build an Internal Foundation for Partnerships with CPBOs

Many successful collaborations with CPBOs have been built in times of urgency, requiring the boldness to "build the plane while flying it." In an ideal situation, however, health departments spend time establishing a strong internal foundation for these partnerships in a more sustainable and ongoing way.

**The following strategies can help create an internal foundation for successful partnerships:**

- **Build buy-in:** This is particularly relevant for policy and systems change work, and can involve shifting power among departmental staff and leadership.

  - Check out this HIP resource to help staff plan ahead for various types of collaboration with CPBOs.
  - Consider informing your jurisdiction's elected or administrative leadership about your partnerships with CPBOs (weighing the pros and cons of this visibility), ideally identifying electeds that can help champion the work.

- **Get it in writing:** Include the issues that CPBOs care about in your department's guiding documents, such as Community Health Needs Assessments or Wellness Plans — which can also be an opportunity to collaborate with community members. These documents establish a base of support and can protect you if things become internally contentious.

- **Identify resources:** Partnership takes resources to support both your staff and CPBOs' efforts. Look for short-term sources like foundation grants, emergency funds, and hospital community benefit dollars to demonstrate proof of concept, while building support for longer term partnerships via categorical funding and discretionary sources.
- **Staff the work for success:** Assign or hire staff who bring humility, awareness of CPBO approaches, and a deep understanding of community priorities, cultures and communication styles. **Hire staff from the communities they will serve.**

# Establish trusting relationships with potential CPBO partners

Successful health department-CPBO partnerships require authentic relationships founded on trust and shared values rather than transactional needs. Community members and CPBOs often carry distrust of government institutions because of the role these institutions have played in perpetuating health inequities, today and historically. Many communities have also seen countless health assessments, surveys, and plans in their neighborhoods lead to little real change.

To establish a foundation of trust, health departments must explicitly commit to holding themselves accountable to communities and repairing the harms of inequitable policies and systems.

**Some strategies to foster deep relationships include:**

- **Move at the "speed of trust."** Real partnership takes time to build. Reach out long before your grant application deadline or big hearing. Check out this resource on how to have a successful one-on-one with a CPBO.
- **Attend and participate in CPBO events.** Be a consistent and helpful contributor and build genuine relationships with staff and members.
- **Pay CPBOs and their members for their time and expertise**, just like you would any other professional contractor.
- **Be real about what your department is ready to support**, what you may be able to grow into, and what is off the table. Don't promise what you can't deliver. Do strategize together about what you can change.
- **Institutionalize partnerships and relationships to ensure they withstand staffing changes.** Too often, partnerships fall apart because they are only as deep as individual staff members. Ensure durability by building a cadre of staff invested in partnership and embed collaboration into broader departmental processes.

# Actions to Support CPBOs

The following reflect coordinated and strategic actions that health departments can take to show their commitment to CPBOs and to build long-term, trusting relationships.

1. **Give CPBO partners access to health data and evidence to support their campaigns.**

   **Identify what information would be helpful and strategic:** Discuss what information or data is currently being used in the policy discussion, what is available, and what may be strategic to use in the policy context.

   **Prepare and share evidence for CPBOs to use:** Health departments have access to extensive data and evidence that can and should be used to inform decision making — but CPBOs often don't know this data is available, and it never reaches decision makers. Compile relevant data into fact sheets or briefs to describe the relationship between a CPBO's priority and health (e.g., the health impacts of a proposal, or general community conditions.) Discuss and translate dense data to make it more usable.

   **Encourage a request for information:** Ask your CPBO partner to submit a letter/request to the health department and/or to an elected official asking for health data and evidence related to the partner's issue or proposed policy. By requesting the information, CPBOs can make it more politically acceptable for you to publish potentially controversial data or health analysis. Talk with the CPBO partner about what information is available and helpful to include in the response document, as well as how long requests may take. Explore whether other agencies have data that could also be useful to answer the request and connect with staff from that agency.

   **Shape the debate:** Publish interviews, reports, statements or other communications pieces to support CPBO priorities. This can include direct support for their positions, or more subtle support such as publishing data that raises the profile of a health issue and shifts public opinion towards solutions you may not be positioned to directly advocate for.

2. **Create accountability mechanisms within the health department.**

   **Make yourself known publicly as an available resource:** In some situations, all a CPBO may need is the name and contact information for someone who will be responsive to their community's needs. Identify a person or team in your department who is willing to respond to requests and identify them as such on your website, stating explicitly that this person/team can be contacted about a range of issues, particularly related to social determinants of health.

   **Establish a community advisory body with authority to direct the department's work on social determinants of health:** Ensure the body has some kind of regulatory or implementation authority, and that it can guide work on social determinants of health and policy, systems, and environmental change work. Name lived experience, and experience with community organizing, power analysis, community engagement, racial justice, systems change, and/or policy advocacy, as skills desired for board positions.

   **Build community oversight and accountability into grants and funding proposals:** Require that grants and other funding proposals include community advisors and/or oversight committees, particularly from impacted communities, at the outset of an initiative to inform all aspects of the work.

**Hire organizers to work as health department staff:** These dedicated staff, who should have expertise in organizing within impacted communities and power analysis/mapping, can hold relationships with CPBOs. They can help health department leaders think strategically about how to explicitly and implicitly move power within and outside the agency. Prioritize hiring staff from the communities they will serve.

3. **Leverage relationships across the government to support CPBOs. While building support, this will also help create external accountability for the health department to be responsive to the CPBO's needs.**

   **Leverage relationships with elected officials:** Meet with value-aligned members of your City Council, Board of Supervisors, and/or other elected body to express your support or perspective on a CPBO's priorities. Where that is not politically feasible, present health evidence and analysis that helps make the case. Let elected officials know that you're available to research, write, or weigh in on the CPBO's priority issue or bring the health department's expertise into relevant policy discussions.

   **Leverage existing government accountability structures:** Health-in-all-Policies task forces, Community Health Improvement Plan steering committees, comprehensive planning processes, and community advisory groups often have capacity to focus on CPBO issues. Integrating CPBO priorities into these processes is another ongoing way to increase accountability for those issues.

   **Resource CPBOs:** When possible, grant resources to CPBOs or contract with them to work on the social determinants of health. Contracts that involve outreach and policy change are especially easy for CPBOs to piggyback on their existing organizing and advocacy. RFP and contracting procedures often have to be adjusted to allow smaller contracts with simpler reporting requirements. In the meantime, some departments have utilized larger community based organizations to make pass-through grants to multiple smaller CPBOs.

4. **Leverage relationships across the wider nonprofit and funder ecosystem to support CPBOs. This will build support while also helping to develop a cadre of champions across the public health system to provide support.**

   **Work with intermediaries, like public health advocacy groups:** Most public health departments have relationships with main line health organizations who do advocacy — like the American Lung Association, American Heart Association, anti-tobacco groups, public health institutes, and others. These organizations are well positioned to speak to and lobby around CPBO issues. Advocacy groups can also bring in health evidence and develop public resources if a health department is unable to, and they can be strong advocates for getting the health department on record around a specific issue. However, they often need a push to take on social determinants of health that they may consider outside of their traditional lane. Consider raising awareness of relevant issues on networks like Public Health Awakened or Spirit of 1848.

**Work with legal experts to understand what laws can support the health department in advancing health-protective policies:** Connect with values-aligned legal groups (e.g., ChangeLab Solutions, Network for Public Health Law) to understand whether CPBO priorities can be supported via your department's current authority, or through an expansive interpretation of the department's authority. Identify opportunities to navigate what's legally allowed and within the health department's jurisdiction in order to support CPBOs.

**Advocate for funders to support CPBO work:** Health departments can help bridge relationships to funders, and help CPBOs frame their work to gain access to health-related funding that they may not typically have.

# Managing risk in an inherently political context

Many CPBOs are focused on building greater accountability and responsiveness from government and the private sector because they are ultimately accountable to community members' needs. This can make working with CPBOs more challenging than with other kinds of community partners — but it's also what makes CPBOs impactful allies in achieving policy and systems change.

Given this context, while some of the actions in this document can be taken more publicly, others may be "quieter," occurring behind the scenes. Each action will require an assessment of local political conditions as well as the potential risk to your health department.

Here are some strategies to consider while developing relationships with CPBOs:

- **Clearly understand what your CPBO partners are looking for:** What are the issues they are organizing around? What's the historical context for the partnership? Where do they see the health department adding value? Come to agreement around the roles you can play in their campaigns, which roles you can commit to initially, and how you will communicate with one another throughout.

- **Assess challenges and your risk tolerance — and prepare for the politics:** Work with the CPBO and other partners to understand the potential challenges, risks, and consequences of taking a particular action. Can you withstand the risks, and how might that be different based on the positional authority of those taking the risk? How will you handle fallout and support staff if they take the risk?

- **Strategize with your internal team:** Who are you working with internally to support the CPBO? How can you create internal capacity to support the CPBO? What are your internal colleagues' roles, and how will you protect and support each other? How can you support health department leadership to build relationships with the CPBO?

# Additional Resources:

- This Health Equity Tip blog post outlines how to get connected with community organizers in your area.
- This resource details how to find community organizers in your area.
- HIP's Health Equity Guide resource describes strategic practices to advance health and racial equity, as well as power-sharing, within governmental public health.
- The Lead-Local initiative is an excellent resource illuminating why and how community power can catalyze and sustain conditions for healthy communities.
- This NACCHO article explains why public health departments should commit to shifting and sharing power, and provides frameworks and examples of public health department and CPBO partnerships.
- Power-building Partnerships for Health is an initiative that cultivates powerful collaborations between local health departments and CPBOs to advance health equity.

# About Human Impact Partners

Human Impact Partners transforms the field of public health to center equity and builds collective power with social justice movements.

For more information about this resource, please contact info@humanimpact.org. To learn more about building relationships between CPBOs and health departments, please contact Megan Gaydos at megan@humanimpact.org.

# Acknowledgements

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# Planning For Collaboration

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# Why should government agencies and community power-building organizations collaborate?

The inequitable distribution of power is a root cause of broader inequities in health and well-being. The process of building community power has the potential to transform how decisions are made, by whom, for whom, and with whom. Community power-building organizations (CPBOs) work to redistribute power and decision making by building power in communities that are most impacted by inequities. Partnerships between government and CBPOs can result in transformative improvements in the living conditions of communities through policy and programmatic changes.

Chapter 1 of this resource explains why health departments (or any government agency or department) should consider partnering with CPBOs, and offers concrete actions that they can take to bring these partnerships to life. This chapter builds on that by helping both government entities and CPBOs understand the types of collaboration that exist along a continuum of sharing power, and provides activities to lay the internal groundwork for starting collaborations.

**Government entities and CPBOs can advance their work more strategically and aggressively through collaboration.** Some funding sources and legislation stipulate that governments must engage community organizations in their work, though the requirements may be minimal. This is an opportunity to go beyond the minimum requirements to form deep, trusting relationships that create an expanded network of organizations inside and outside of government. These networks can coordinate on shared strategies and goals to advance health equity.

Collaboration between government agencies and CPBOs is a win-win situation: CPBOs can get improved response to their priorities and access to data and information about the policies and programs that affect their communities, and government agencies can strengthen connections to community members and other organizations. For government agencies constrained by politics, such relationships create a network of allies who can apply pressure from the outside to achieve equity and justice goals.

## Spectrum of collaboration



**Inviting In** | **Transforming Work** | **Sharing Power**

One model for thinking about partnerships between government agencies and CPBOs is along the spectrum of collaboration above, with three related and interconnected categories:

- Inviting CPBOs to participate in existing agency processes, such as task forces and established opportunities for public participation
- Transforming the way government works, for example by collecting and providing research, data, or public testimony related to CPBO priorities or working with CPBOs to expand public engagement practices
- Sharing power, for example by co-creating projects, seeking shared funding, and formalizing collaboration with CPBOs

The table below provides a range of examples of collaboration along this spectrum. While it is written from the perspective of agencies who are developing relationships *with* CPBOs, these examples can also be used *by* CPBOs as they approach or partner with government agencies. The focus of the examples is on government agency collaboration to intentionally shift and share power with community partners.

| SPECTRUM OF COLLABORATION | TYPE OF COLLABORATION | EXAMPLES |
|---|---|---|
| **Inviting In** | **Build relationships** | • Meet informally for coffee with CPBO staff and/or members to learn about their priorities<br>• Attend an event hosted by a CPBO<br>• Arrange or host meetings between CPBOs and other staff at your agency<br>• Co-organize informal educational events like brown-bag lunches |
| | **Invite participation** | • Invite CPBO staff and/or members to participate in agency-led task forces or convenings guiding policy and program changes<br>• Invite CPBOs to participate in your agency's assessment and planning processes<br>• Consult with CPBOs about how to best engage their members in your agency's public events and programs |
| | **Subcontract** | Hire CPBOs to:<br>• Provide training on their areas of expertise, such as community organizing, geographic areas they work in, or the issues they focus on<br>• Provide translation and/or interpretation<br>• Support community engagement and participation in programs |

| SPECTRUM OF COLLABORATION | TYPE OF COLLABORATION | EXAMPLES |
|---|---|---|
| **Transforming Work** | **Provide data and research** | • Provide data on participation in programs or services that your agency manages<br>• Disaggregate data focused on the communities the CPBO works with<br>• Create public briefs or reports relevant to CPBO priorities<br>• Serve as a technical advisor for coalitions |
| | **Provide media and/or public support** | • Provide media or press support for issues that CPBOs are working on by writing op-eds, sharing press quotes, or participating in press conferences<br>• Submit comment letters and/or public testimony that support CPBO campaigns and priorities |
| | **Expand community engagement** | • Co-organize or provide TA for a leadership development project to build the advocacy capacity of CPBO members<br>• Work together to actively include communities impacted by inequities in decision-making processes |
| | **Leverage government power and connections** | • Introduce organizers to staff in other government agencies<br>• Strategize about how to leverage the agency's institutional power and/or rule-making authority to advance CPBO priorities |
| **Sharing Power** | **Co-create new research, projects, resources, or policies** | • Co-design and implement projects that advance shared goals<br>• Co-conduct community-based research about a shared policy priority<br>• Apply for shared funding to support joint work |
| | **Formalize collaborations and power sharing** | • Participate together in a government decision-making body<br>• Join a community-led task force or steering committee<br>• Develop an MOU or other formal agreement to establish how and why your organizations will collaborate |

# Activity: Assess and Plan for Collaboration

## Why:

Doing pre-work on your internal capacity and readiness to collaborate with government agencies or CPBOs will help provide you with a realistic assessment of where to begin your power-sharing journey. Deep power sharing requires intentional relationship and trust building and may also require significant culture shifts. By doing some homework beforehand, your team can set itself up for successful collaborations.

## Who:

Initially, do an internal assessment or inventory of your organization's capacity to collaborate.

- For government agencies, this should happen between relevant staff members who generally have an aligned vision for collaborating with CPBOs. It is ideal for this staff to have the support and trust of leadership to forge these relationships.
- For CPBOs, participants could include staff as well as members/residents if the organization is membership-based.

## What You'll Need:

**If Virtual:** A shared space to take discussion notes, such as a Google Doc or Jamboard

**If In Person:** Butcher paper or a flipchart; markers to take notes

**Time:** This activity will take 3-4 hours total. We estimate one hour is needed for the existing staff meeting discussion, between one and two hours for writing the discussion into a plan, and 30 minutes for a follow-up meeting to assign next steps to engage with partners.

## Instructions:

This assessment can be done as part of an existing staff meeting or gathering, or as part of a dedicated meeting or series of meetings.

1. **Setting Expectations:**
   - Share this resource with participating staff ahead of time, and ask them to come to the meeting having read it.
   - At the meeting:
     - An important first step is to define CPBOs with your staff to make sure you are all on the same page/using the same definition of a CPBO and how that differs from CBOs.
     - Name the shared value of increased collaboration between government agencies and community partners for those in the meeting.
     - Explain that the purpose of this discussion is to plan for collaboration by starting with identifying potential collaborators and key areas for collaboration.

2.  **Group Discussion:** Use the prompting questions below to identify who you want to collaborate with.

    **For government agencies:**
    - Which CPBOs has your agency previously encountered through events or programs? Which leaders or members specifically has your agency heard speak publicly in decision-making settings?
        - Does the CPBO have a history of positive or negative/contentious relations with your agency?
        - Who in your agency knows the history of collaboration and could help name what happened and what could be changed or built on?
        - If leadership is not a part of this group, how can you gain the support of, or anticipate and strategize around potential pushback from leadership?
    - What other CPBOs are active in your community?
        - Check out this list of organizations to identify potential CPBOs in your state/area
    - If you don't find community organizations that are explicitly doing power-building, are any local unions or service providers (such as food banks) engaged in client engagement that is or could be connected to local community organizing?

    **For CPBOs:**
    - Which government staff have you connected with previously? What position and authority did they have?
    - Were past interactions positive or negative with government staff? If negative, what happened/what could be changed? If positive, what worked?
    - Which divisions or programs within the agency/department are connected to your priorities?
        - Review the agency's website and, if available, their organizational chart. Look for departments and programs that include terms like *community*, *equity*, or *engagement*.

3.  **Group Discussion:** Next, use the prompting questions below to discuss the key areas for potential collaboration.

    **For government agencies and CPBOs:**
    - What reports, planning documents, and/or social media content has the other organization released that are relevant to your goals?
    - How do the issues they discuss or prioritize overlap with your work?
    - Do any of their recommendations or proposed strategies to address the issue overlap with your work? Where is there synergy/alignment and where is there difference?
    - What are some areas of collaboration that would amplify the existing work and goals of both organizations, and shift power towards community partners?

    **For CPBOs:**
    - Search the agency website. Look for a strategic plan, community health improvement plan, annual reports, or other planning or reporting document.

In which parts of the agency can you find a commitment to equity or community engagement? How could you partner with this part of the agency strategically to shift power and achieve shared goals?

4. **Write a Summary:** Create and share a summary of the discussion, including the list of collaborators, key areas for collaboration, and any decisions or next steps identified.

5. **Next steps:**

- Schedule a follow-up meeting with the group to assign next steps, clarify roles and timelines, and begin the work towards increased collaboration.

- Reach out to new partners and ask for a meeting. See Chapter 3 for more information on how to make these meetings most successful.

# Additional Resources

Get more tips on initial relationship building:

- 8 Ways to Connect with Your Public Health Department in *Shelterforce*
- Building Power to Advance Health Equity by Human Impact Partners — see *Recommendations* beginning on page 29
- Lead Local: Community-Driven Change and the Power of Collective Action

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*CHAPTER 3*

# How to Conduct a One-to-One

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One-to-Ones are a core part of building an internal organizing strategy to advance health and racial equity within a health department, and also an important foundational step in building more authentic and trusting relationships with grassroots community organizers.

This chapter builds the capacity of public health department practitioners to set-up and approach having a One-to-One.

## What is Relationship Building and Why Does it Matter to Community Organizing?

The University of Denver's Center for Community Engagement and Service Learning has a useful resource on one-to-ones. They write:

*In organizing, relationships are based on shared values and interests, rather than issues. Relationships are built by sharing our stories with one another, exploring the intersections of our interests, exchanging resources and cultivating a collective commitment to act...Community organizers believe that building relationships is the best way to develop community partnerships and to do substantive public work. Authentic relationships are the glue in organizing; through them, we build our community, develop leaders, and build our collective power to create lasting change. Relationships lead to real commitment and accountability.*

### What is a One-to-One?

*One-to-Ones are strategic meetings used to figure out another person's self-interest, ideas, motivations, and visions, and where they intersect with your own...One-to-Ones are an art that requires curiosity, a genuine interest in others, and emphasis on focused, probing (though not prying) questions aimed at understanding the roots of another.*

*As you ask 'what' and 'why' questions, answers provided by the person with whom you are conversing may shed some light onto the problems and issues they care about and what pressures they may face, as well as what their values and interests may be. One-to-ones are the initial step in creating a shared vision and commitment to act.*

## Types of One-to-Ones

One-to-Ones with internal colleagues and co-workers will look very different than those that are externally facing. This chapter primarily focuses on doing One-to-Ones with a person or contact from a community organization or non-profit outside the health department.

# Who should I meet with?

Identify individuals (community leaders, community organization or union organizers/ staff, etc.) who may be working on your project issue, or whose organization you want to learn more about for future health equity work.

# How do I conduct a One-to-One?

## Scheduling your meeting:

- Call people directly:

    a. introduce yourself

    b. inform them of why you want to meet with them

    c. begin with a little "small talk" to get acquainted

    d. schedule a time to meet for lunch or coffee

    e. keep it short, no longer than 30 to 60 minutes

- Email introductions are effective as well, though we encourage a follow-up call

## One-to-Ones have three basic parts:

1. **Breaking the ice and establishing your "credential"**

    a. Start with some simple questions: How are you? How has the new year been? etc.

    b. Share your goals and re-establish your "credential": Remind them why you are meeting, and what you hope to learn. Share a bit about yourself, how and why you are doing the work that you do. This is an opportunity to show vulnerability and connect.

2. **Learning about the other person/organization's self interest**

    a. This will be the bulk of your meeting—the "what and why"" questions: What issues are they concerned with? What are they currently working on? Who is their constituency? Why do they do the work they do?

    b. Ask questions to learn about the other person

    - What are their values?
    - What are their interests?
    - What are their resources and connections?
    - What is their story? (Professional and or personal)

    c. In turn, be willing to answer questions and share your own experiences, motivations, visions and ideas for if/how your health department can support their work.

3. **Thank you and establishing next-steps**

    a. Always thank them for their time

    b. Establish next-steps. This could involve sharing resources, connecting each other with new contacts, or meeting again (as individuals, or supporting each other's work)

c. Consider:
- Do they have any upcoming events or actions you could attend to learn more about their campaigns?
- Is there any data/research support they need?
- Do they know other people/orgs working on the issues you are interested in that they can connect to?
- Which activities from the list of potential DPH activities could be most useful to them?

# One-to-One Best Practices:

- Begin with curiosity and courage.
- Provide clarity and transparency about motivation for the conversation. Goals can include getting to know someone, learning more about their work, building your understanding of someone's work and organization, and building new partnerships.
- Be willing to listen, not just hear. Practice active listening by following the 70/30 rule: listen 70% of the time and speak just 30%.
- The One-to-One is a two way street. Give as much information as you get. Be open to sharing about yourself.
- Try not to take notes unless you have to. You want to give the other person your undivided attention. Taking notes can make you appear to not be listening.
- Focus on the other person's words and body language.
- Follow-up: Be sure to keep track of who you have talked to and any next-steps you establish

# Learn More:

Much of the content and ideas in this resource are adapted from existing resources. Check them out to learn more:
- City of Kansas City, Missouri Health Department: One-To-One Manual *(available by request)*
- Training for Change handout: One-on-One Meetings
- 350.org Training: How to Build a Base: Using One-On-Ones
- University of Denver, Center for Community Engagement and Service Learning (CCESL): Community Organizing Handbook, 3rd Edition, 2014

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*CHAPTER 4*
# Sharing Organizational Charts

# What is an organizational chart?

An organizational chart is a visual representation of the hierarchical structure within an agency or workplace. It depicts the landscape of offices, divisions, bureaus, and programs within the organization, as well as the location of supervisors and which positions report to them.

In government, organizational charts exist at multiple levels. A local agency's chart could include every staff position within the agency, while a chart for an entire state government might only show the structure of the relationship between various agencies and departments. Some private and non-profit organizations use these charts as well.

Some government organizational chart examples include:

- County Level: El Paso County Public Health
- State Level: North Carolina State Government
- Federal Level: U.S. Department of Health and Human Services

# Why should we share our organizational chart?

For government agencies, the practice of sharing organizational charts deepens relationships with partners and demystifies how and why agencies operate the way they do. The internal power structure and chain of command within government systems are often very opaque to external partners. Given the complexity of units, departments, and position titles, these systems can seem like a maze for people trying to understand who has influence over decision making and what content is being worked on by whom — and thus, how to make change.

Pulling back the bureaucratic veil is a way that public institutions can meet their democratic obligations to transparency and accountability to the people they serve. Governments practice transparency through many mechanisms, such as satisfying open meetings requirements, fulfilling freedom of information requests, and publishing salaries. While it may not be intentional, keeping organizational charts concealed or hard to access or understand can function to withhold power from partners and the broader public.

Health departments and other government agencies can practice sharing power by showing their charts and taking time to discuss them with partners. Community power-building organizations (CPBOs) can use the chart as a tool to demystify the internal hierarchy, relationships, work content, and decision-making processes within government to be more effective in their advocacy efforts.

# Organizational Chart Sharing Activity

## Why:

The purpose of this activity is to encourage power sharing and clarify the structure of government agencies for their community partners. The activity requires government agencies to identify key divisions and individuals whose work relates to partners' priority issues and who hold influence and power over decision making within the agency.

This activity is designed for government agencies to share their charts with community partner organizations. In some cases, partner organizations may also have their own organizational charts. While they can be invited to reciprocate and to repeat the process for their own organization if appropriate, the activity focuses on government agencies.

## Who:

This activity should be undertaken between government agencies and CPBOs and/or other community partners with whom the agency is building a relationship or partnering on an initiative. From the government agency side, this activity should be done by a small group of 2-4 staff with some level of leadership and influence, who are committed to holding and deepening long-term, trusting relationships with community partners.

We recommend a small group to encourage candid conversations. Community partners can make a strategic decision about how many people and which people from the organization should participate.

## What you'll need:

**If Virtual:**

- A virtual copy of your agency's organizational chart, or a portion of the chart that is most important to the initiative or campaign at hand
  - Ideally the chart should be shared in a format that allows for real-time collaborative annotation, such as on a Jamboard

**If In Person:**

- A printed copy or copies of your agency's organizational chart, or a portion of the chart that is most important to the initiative or campaign at hand
  - This could be poster-sized version that everyone can look at together, or handouts for all participants
  - If using handouts, consider also displaying the chart on a PowerPoint slide
- Marker, highlighter, or colored pens

**Time:**

Depending on the depth and breadth of information being shared, this activity could take between two and three hours.

## Instructions

1. **Welcome:** Welcome everyone to the space and do a round of introductions. Provide an overview of what an organizational chart is and why you want to share your agency's chart. You can use the following script or adapt it to your needs:

   *The chart I'm going to share is a visual representation of the organization and hierarchy within [**my agency**]. As a public agency, we have an obligation to be transparent about our structure with the people that we serve — ultimately, the public are at the top of this chart and we are accountable to them.*

   *We recognize that the way decisions get made at public agencies can be confusing, so my hope is that through sharing this chart and discussing it today, you'll be able to see how we're organized, what kinds of work happen across our agency, and which departments and people work on your priorities.*

   *I also want you to see who has influence, which staff you might want to engage to influence those above them, and who has the ultimate decision-making power.*

2. **Introduce and walk through your agency's chart:** If the meeting is in person, use highlighters and colored pens to mark up the chart as you walk through the questions below. If the meeting is virtual, you can do this on a Jamboard: place virtual sticky notes and/or circles on the chart as you discuss them.

   Key points to cover as you explain the chart are:

   a. An orientation to the larger landscape and overall structure of the agency or department, including the basic role of different departments/teams and who is the next decision-making person or body above the highest position in the organizational chart (e.g., Governor, Mayor, another higher-level agency, etc. who holds power over the agency/department). This should be a high-level overview to give partners the lay of the land, but don't spend too much time on this part.

   b. An overview of which people or units are most relevant to the community organization's specific goals or the initiative you're partnering on.

      • Take time to point out and explain the roles of any important units whose names may not be descriptive or intuitive for people outside the agency. For example, a "Department of Injury Prevention" within a public health agency may do significant work related to transportation policy.

      • Explain/write out acronyms.

      • Look for departments and programs that include terms like *community, equity,* or *engagement,* and explain their role.

      • Describe the recent projects/initiatives those people or units have been working on and who they report to.

   c. Key relationships between the people and units on the chart.

      • Identify any key relationships that are not visually obvious from the chart, such as units that work together on relevant projects.

d.  The influential people and offices relative to the community partners' priorities.

- Discuss both formal and informal power, e.g., identify the official decision makers within the agency, but also note whether certain staff have significant influence over the programs, policies, or these decision makers.

- Give examples about recent decisions or policy changes that have been made at your agency and use the chart to show who was involved. If relevant, discuss different kinds of decisions, such as legislative vs. administrative.

e.  Specific leadership or staff members that could be supportive of community partner priorities.

f.  Relationships with additional agencies and/or departments outside of your own that are relevant to your community partner's priorities (e.g. Housing, Education, etc.). Bring these to the community partner's attention and ask if they have connections at those agencies.

g.  Provide a walk through of how a real or hypothetical priority issue could be addressed and who would be involved. For example, the community partner might say, "We need increased funding for code enforcement for rental housing. How would that happen?" or "This community needs better access to COVID vaccines, who should we talk to?"

3.  **Q&A:** Provide space for questions about the chart, the information shared, and how it might be used.

4.  **Outline Next Steps:** Come up with concrete ideas for how to engage with the people and departments within the agency that you've discussed in a way that builds power and connections for community partners. These could include:

a.  Identifying agencies and/or departments that community partners want to be connected to and offering to arrange or host a meeting. We recommend that participants read HIP's Building Relationships: How to Conduct a One-to-One resource to learn more tips on successfully beginning relationships with partners.

b.  Making introductions between community partners and specific agency staff.

c.  Sharing a report or information about a campaign from the community partners with someone higher up in your agency.

d.  Planning for a second strategic meeting about decision makers related to a specific campaign or policy priority of the community partners.

e.  Inviting community partners to a staff meeting to present on their work and/or share their members' experiences navigating specific programs.

f.  Walking through specific agency processes with community partners (e.g. walk through steps of code enforcement, strategic planning, community engagement) and identify opportunities to improve the process.

# Up Next

Ready to continue building power for health equity? We recommend you move to Set 2: Activities to Deepen Your Power-Building Analysis. This resource dives deeper into power: what it is, how it works, and the most effective ways to wield and redistribute it in collaboration with communities.

*Completed this set of resources?*
*Move on to **Set 2: Activities to Deepen Your Power-Building Analysis***

# About Human Impact Partners

Human Impact Partners transforms the field of public health to center equity and builds collective power with social justice movements.

For more information about this resource, please contact info@humanimpact.org.

# Acknowledgements