

Best Practices for Sustained Community Engagement Learned from the STRETCH 2.0 Midpoint

Background

Creating systemic change within state public health agencies while simultaneously curating authentic, sustainable relationships with community partners can be challenging. Whether it's issues with sustainable funding, conflicting priorities, or the toll of undertaking transformative work, making progress in these areas are often slow-moving. To assist state agencies with this work, the Strategies to Repair Equity and Transform Community Health (STRETCH) Initiative was born. Funded by the Robert Wood Johnson Foundation, STRETCH is a co-creation between ASTHO, the CDC Foundation, and the Michigan Public Health Institute focused on building lasting, systemic change to advance equity in all sectors of public health. The first iteration of STRETCH was from October 2021 through May 2023, with STRETCH 2.0 launching in January 2024 and going through May 2025.

During STRETCH 1.0, its creators learned that community partners not only needed to be more involved in assisting state public health agencies in setting their equity priorities, but also needed to be leading this work in step with agency staff and leadership at the onset of decision-making conversations. Therefore, in STRETCH 2.0, community-based organizations became the project's primary applicants and fiduciary recipients, creating a state collaborative with public health agency staff. Collaboratives from seven states comprise the STRETCH 2.0 cohort, who receive technical assistance and support via personalized core response teams and engage in peer-to-peer learning through monthly practical application workshops. Creating this level of learning and sharing among states was another key lesson learned by the STRETCH partners; those working in health equity and systems change are hungry for connection with their peers. These connections not only allow staff to share best practices and common pain points, but also allow them to lean on each other emotionally and create a space of psychological safety in this sometimes-taxing work.

This lesson has been operationalized with the creation of the [STRETCH Network of Health Equity Practitioners](#) virtual community. This community is open to anyone in the health equity and/or systems change public health ecosystem who would like to connect with fellow practitioners, participate in monthly "Speak and Share" discussions, and receive additional materials and best practices from across the country. Also open to the public are the [STRETCH 2.0 national convenings](#), quarterly virtual events aimed to disseminate STRETCH lessons and create a connected network of systems change practitioners. These national touchpoints aim to expand the reach of the STRETCH initiative beyond the cohort and allow all state public health agencies to better operationalize health equity and move towards lasting, systemic change.

Midway through the second iteration of STRETCH, there are already key themes and critical takeaways the partners have observed while working with the cohort of state collaboratives. Among them is ensuring community voice is always front and center in all state public health initiatives, even internal operations. Secondly, valuing the lived experiences of community members and their organizations—particularly with financial incentives—is a critical component in ensuring capacity for this valuable work. Finally, while having a plan is beneficial, the ability to be flexible and meet the needs of the collaboratives as they shift is a critical aspect of success when working on multi-sector initiatives.

Key Takeaways: Lessons Learned Midway through the STRETCH 2.0 Cohort

With Us, Not for Us

Centering community voice is not a novel concept in community engagement and health equity efforts. One of the best practices the STRETCH initiative has found in centering community voice is allowing each state collaborative to set the purpose and agenda for their core response team's site visit. One participant from South Carolina expressed that this model of having "on the ground" partners in charge of planning the visit was a key success of the experience and recommended continuing the use of this model moving forward. On a micro-level, this is an example of the importance of centering the community's voice and allowing those with lived experience to lead the work. Along with systemic change, this focus on community leading the work is a central tenant of the STRETCH Initiative.

Time is Money

Another common theme in health equity work is the lack of sustainable funding to achieve systemic change, specifically when working directly with community partners and nonprofit organizations. To reduce the financial burden of participating in STRETCH, the second iteration of the project offered funding directly to the applying community-based organization to assist in strengthening the organization's capacity to fully engage with this work right at the beginning. Providing a financial investment for the project not only allowed organizations to dedicate time, staff, and resources to the work of STRETCH, but it also "walked the walk" in terms of valuing community members' lived experience and expertise. While strengthening [community compensation guidelines](#) and initiatives is not novel to the STRETCH project, it is a key component of the success of the second iteration.

Flexibility is Critical

While the STRETCH partners did plenty of planning when developing the program's activities, a critical theme of the initiative has been learning to meet each state collaborative's unique and ever-changing needs throughout their participation. Whether it was leadership changes, hurricane responses, or shifts in staffing capacity, each state was faced with its own unique needs and challenges over the first half of STRETCH 2.0. A key lesson learned from the project is understanding how to alter plans and meet the states where they are with what they need, rather than focus on creating a uniform experience. In practice, this has taken shape by turning check-in meetings into working sessions, providing virtual and in-person options for relationship-building activities, and staggering site visits throughout the project year based on the priorities of each state. By remaining flexible and working in step with state collaboratives to best meet their needs, the STRETCH project has continued to be valuable to all cohort members.

Want to learn more about the STRETCH project and other work of ASTHO's Programmatic Health Equity Initiatives and Strategies team? Check out the [STRETCH framework microlearning course](#), our [website](#), or contact the team at pheis@astho.org.