



## Partnership for Community Health

# Linn, Benton, Lincoln: 2025-2028 Strategic Communications Plan

**June 2025**

Note: This report was prepared for the Partnership for Community Health (PCH) by the Rede Group. It was lightly reformatted to improve web accessibility; no changes were made to the design or content. The PCH is committed to making our content accessible to everyone. Please contact the PCH to request this document in a different format. [Contact us.](#)

# Acknowledgments

This report was produced by Rede Group on behalf of the Partnership for Community Health of Linn, Benton, and Lincoln Counties. Rede is sincerely grateful for the leadership and support from the Partnership for Community Health throughout the process, as well as the enthusiasm and engagement of Linn, Benton, and Lincoln County staff and community partners that make up the PCH Steering Committee.



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# About the Partnership for Community Health

## Purpose

The Partnership for Community Health (PCH) is a multiagency collaborative of public health agencies, health systems, and key partners committed to improving community health and wellbeing in the region. The PCH is designed to support and enhance health improvement processes using a collective impact framework, a collaborative approach in which various organizations and community members work together to solve complex social and systemic problems by focusing on a shared vision of positive change. The PCH collective impact framework builds upon the strengths of each organization, shares system data, and leverages resources to impact health with a focus on health equity.



# Vision for Strategic Communications

Use equity-centered communication as a tool to cultivate long-term partnerships and strengthen joint initiatives aimed at improving population health.

## Brand Anchors

To guide strategic communications, Rede and the PCH developed five brand anchors based on the PCH Charter and 2025 Communications Assessment findings. These brand anchors reflect who the PCH is, the role the PCH plays in regional health improvement, and the “value add” of the PCH to partners and to the community. Brand anchors should be used to inform key messages and communications tactics.

### Community-Centered Vision:

We commit to meaningful community engagement so that our vision for a healthy and thriving community is informed by community voices and evolves as the partnership grows and collaboration with the community is strengthened.



### Collective Impact:

We share data and resources and build our collective capacity to collaborate, plan, implement, and evaluate our community health assessment and improvement efforts.



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Equity-centered communication: Creating and disseminating communication that is accessible, audience-tailored, useful, timely, and inclusive.

**Diversity, Inclusion, and Representation:**

We believe that diverse perspectives are valuable so we invite and include all impacted and interested groups to the table for collaboration. We prioritize accessibility in all communication activities.



**Spreading What Works:**

We use the regional health improvement plan as an opportunity to incubate, adapt, and spread good ideas and effective initiatives throughout the region.



**Stewards of Science:**

We rely on public health research and scientific evidence to develop and disseminate useful information and build our credibility in the community.



# Communications Planning Process

From January - June 2025, the Partnership for Community Health (PCH) contracted with Rede Group (hereafter Rede) to complete a communications assessment and develop a three-year strategic communications plan. The plan was developed in collaboration with PCH leadership and staff, including county public health staff, health system representatives, and community partners.

Rede implemented a comprehensive assessment process from January to March 2025, including robust data collection, rigorous analysis, and collaborative meaning-making. Find details about the assessment approach, methods, and findings in the Linn, Benton, Lincoln: Communications Assessment Report.

From March to June 2025, Rede met with PCH staff and members to co-interpret data, develop brand anchors, select focus areas, and brainstorm objectives for this plan. Rede facilitated collaborative conversations and interactive activities to generate and refine ideas. Rede then drafted a plan for review by the client team. The final strategic communications plan follows below.

# Key Messages and Audiences

## **What is the Partnership for Community Health? (Use with all audiences.)**

The Partnership for Community Health is a collaborative of public health agencies, health systems, and partners working together to improve community health and wellbeing in Linn, Benton, and Lincoln Counties through shared resources, data, and a focus on health equity.

## **Why should your organization or agency participate? (Use to engage external partners.)**

If you are working to improve community health, the PCH is here to support you and amplify your efforts. The PCH provides staff capacity and strategic leadership for partners across the region to collaborate for greater impact. We collect and analyze regional data, plan partner convenings for learning and skill-building, identify and distribute resources for community health improvement, and monitor and share collective progress. By getting involved, you will have greater access to data, resources, and a partner network to do your work well.

## **What impact will this work have on community members? (Use with all audiences.)**

The PCH is committed to making a positive impact on community health. Linn, Benton, and Lincoln County residents will experience more coordinated and comprehensive health services that address disparities and more effectively reach underserved populations. Through ongoing community-driven assessment efforts, community members will have stronger voices in shaping health initiatives that meet their actual needs. Evidence shows that over time, these partnerships can improve access to preventive care, narrow health disparities, and build the community's ability to tackle new health problems by addressing their root causes.

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Roussos ST, Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. *Annu Rev Public Health.* 2000;21:369-402. doi: 10.1146/annurev.publhealth.21.1.369. PMID: 10884958.

## Audience-specific messages

Audience	Messages	Considerations
PCH steering committee members	<ul style="list-style-type: none"> <li>We are co-creating this plan and process</li> <li>You (all) co-own this plan and process</li> </ul>	<ul style="list-style-type: none"> <li>Desire to guide PCH vision, goals, processes</li> <li>Care about internal structure and process</li> <li>Have distinct organizational policies and needs</li> <li>Prefer to engage directly in meetings and other methods</li> </ul>
PCH members, partners, collaborators (employees and representatives)	<ul style="list-style-type: none"> <li>This is how your work is connected to [insert] CHIP priority</li> <li>This is how PCH can be of value</li> </ul>	<ul style="list-style-type: none"> <li>Represent specific communities and/or services</li> <li>Whether mandated or voluntary, each member is participating on top of their regular job duties</li> <li>Committed to implementing CHAs and working on CHIP priorities</li> <li>Seek funding opportunities, peer connection, and stories of impact</li> <li>May prefer to engage in topic-specific meetings or asynchronously</li> </ul>
Community organizations and agencies not involved (or loosely affiliated) with PCH	<ul style="list-style-type: none"> <li>We are creating this plan and process with you and your community in mind</li> <li>We welcome you to participate at any level that is feasible for you</li> </ul>	<ul style="list-style-type: none"> <li>Doing work aligned with CHIP priorities</li> <li>Lack of involvement may be due to capacity/resources</li> <li>Most interested in funding opportunities, concrete, specific ways to be involved, and seeing stories of impact</li> <li>May prefer to connect asynchronously via social media, meeting minutes, etc.</li> <li>Capacity and relationships for CHA</li> </ul>
Community members	<ul style="list-style-type: none"> <li>[Insert] services available/system improvements made; they've had [insert] impact</li> </ul>	<ul style="list-style-type: none"> <li>Not the primary audience of PCH, but served by PCH organizations</li> <li>Care most about direct impacts and results, less about how services are structured/funded</li> <li>Most interactions should be announcements, connections to resources, high level progress updates; enjoy seeing</li> </ul>

# Focus Areas At-A-Glance



## Focus Area 1:

Build capacity for equity-centered public health communication and collaboration practices



## Focus Area 2:

Develop and implement effective CHA and CHIP communication that supports regional collaboration and accelerates progress on shared goals



## Focus Area 3:

Maintain an accessible and useful website



## Focus Area 4:

Create and adapt communication structures, policies, and processes for transparency, shared ownership, and accountability

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Equity-centered communication: Creating and disseminating communication that is accessible, audience-tailored, useful, timely, and inclusive.

# Objectives At-A-Glance

The objectives and corresponding strategies that follow below are recommendations informed by the communications assessment. The PCH Steering Committee will review, revise, and finalize objectives and strategies and guide the implementation of this plan.

The PCH created a simplified version of this table to enhance accessibility. [Click here](#) to view it.

Objectives		'25	'26	'27	'28
1	By June 2026, PCH will establish and implement a standardized communications framework that includes equity guidelines, accessibility standards, and plain language requirements for all partnership communications materials.	●	●		
	By June 2027, PCH will collect and feature at least 6 diverse community success stories across multiple formats (written, visual, video) that represent different populations and health equity initiatives.		●	●	
2	By December 2025, PCH will consistently include branding and messaging about its role in all CHA and CHIP communications, convenings, and materials to increase visibility, build recognition, and highlight the PCH's positive impact across the region.	●			
	By June 2026, PCH will host at least four CHIP topic-specific convenings to promote shared learning, highlight partner innovation, and strengthen cross-county and cross-sector collaboration on CHIP implementation and future CHAs among partners.	●	●		
	By June 2026, PCH will implement a consistent and engaging two-way communications approach that includes sharing regular and timely CHA and CHIP updates, success stories, and key data through multiple formats and channels to strengthen engagement, visibility, and shared learning.	●	●		
	By December 2026, develop an initial plan for the next regional CHA that includes primary data collection methods with community members.	●	●		

Objectives		'25	'26	'27	'28
3	By December 2025, PCH will consistently include branding and messaging about its role throughout the website to increase visibility, build recognition, and highlight the PCH's positive impact across the region.	●			
	By June 2026, PCH will improve the website user interface and engagement.	●	●		
	By June 2027, PCH will increase the visibility of CHA and CHIP-related updates, progress and partner work on the website.		●	●	
4	By December 2025, PCH will develop and implement co-branding guidelines and processes for shared communications, with direction from the PCH Steering Committee.	●			
	By June 2026, PCH will establish and launch 3-5 active workgroups (including CHIP workgroups and a communications workgroup) with defined roles, meeting schedules, and deliverables.	●	●		
	By December 2027, 80% of PCH member organizations will report improved relationship strength and network connections through a partnership survey administered by PCH staff.		●	●	

## Focus Area 1: Build capacity for equity-centered public health communication and collaboration practices



This priority is focused on ensuring the PCH team and partners have the knowledge and skills necessary for equity-centered communication. Through effective training, processes, and guidelines, partners will have the tools to collaborate and communicate in ways that are accessible, inclusive, and effective.

### Focus Area 1

#### Objectives

1. By June 2026, PCH will establish and implement a standardized communications framework that includes equity guidelines, accessibility standards, and plain language requirements for all partnership communications materials.

#### Strategies

- a. Develop resources for equity-centered communication, covering plain language writing, accessibility, cultural responsiveness, and inclusive visual design. Leverage county public health communications subject matter experts and existing resources to create tailored tools for the PCH. (See Toolkit Item 3.)
- b. Develop written guidelines and checklists for all PCH communications that ensure consistency in practices and quality standards across all partners. (See Toolkit Item 3.)

- c. Connect with all partner organizations to ensure they are aware of communications guidelines, resources, and processes. Provide support and capacity-building as needed.
- 2. By June 2027, PCH will collect and feature at least 6 diverse community success stories across multiple formats (written, visual, video) that represent different populations and health equity initiatives.

### Strategies

- a. Build PCH capacity to produce and utilize a wide range of media, including visual (photo, video), audio, and written.
- b. Create processes for identifying, collecting, and sharing community success stories through multiple channels, including video production and website and newsletter content creation. Ensure processes support co-creation of content, framing, and approach. (See Toolkit Items 4a, 4b, 4c, 4d, 4f, and 4g.)
- c. Establish protocols and platforms for partners to easily share, adapt, and amplify each other's communications materials while maintaining quality and equity standards. (See Toolkit Item 4f.)

## Focus Area 2: Develop and implement effective CHA and CHIP communication that supports regional collaboration and accelerates progress on shared goals



This priority is focused on building a consistent and recognizable communications presence for the PCH that engages partners and community members alike. Through consistent branding, strategic and timely content creation and sharing, and intentional cross-sector dialogue, partners will be better equipped to collaborate effectively, access funding opportunities, and amplify the positive health outcomes driven by CHA and CHIP efforts across Linn, Benton, and Lincoln Counties.

## Focus Area 2

### Objectives

1. By December 2025, PCH will consistently include branding and messaging about its role in all CHA and CHIP communications, convenings, and materials to increase visibility, build recognition, and highlight the PCH's positive impact across the region.

#### Strategies

- a. Develop and maintain a PCH messaging guide with consistent language and visuals that reflect the partnership's purpose, values, and regional identity (see Toolkit Items 1 and 2).
- b. Ensure all CHA and CHIP-related materials (e.g., newsletters, slides, reports, convening agendas) include standardized PCH branding and a short description of the PCH's role (see Toolkit Item 1).

- c. Create and share branded templates and visual assets that align with PCH’s brand anchors and communication guidance for use by PCH staff and partners (see Toolkit Items 1, 2, and 3).
2. By June 2026, PCH will host at least four CHIP topic-specific convenings to promote shared learning, highlight partner innovation, and strengthen cross-county and cross-sector collaboration on CHIP implementation among partners.

### Strategies

- a. Plan and host quarterly, topical CHIP convenings with input from partners on format preferences (e.g. in-person, hybrid, virtual) and share agendas and meeting goals in advance to support transparency, informed participation, and equitable access for partners with varying capacities.
  - b. Document and share convening highlights and resources (e.g., summary briefs, recordings, tools) to foster engagement among partners with varying levels of capacity.
3. By June 2026, PCH will implement a consistent and engaging communications approach that includes sharing regular and timely CHA and CHIP updates, success stories, and key data through multiple formats and channels to strengthen engagement, visibility, and shared learning.

### Strategies

- a. Develop and maintain a quarterly content calendar that aligns messaging across newsletters, email updates, website content, and social media. Use the calendar to ensure timely sharing of CHIP progress, funding opportunities, partner stories, and data in formats that are accessible, engaging, and equity-centered.

- b. Publish quarterly newsletters and send quarterly emails to partners to ensure they have regular and timely access to implementation updates, funding opportunities, key data, and upcoming collaboration opportunities (see Toolkit Items 3, 4a, and 4c).
  - c. Collaborate with partners to identify, co-create, and share stories that reflect diverse lived experiences, highlight CHIP-related progress, and celebrate positive community impact (see Toolkit item 4d).
  - d. Explore opportunities to use community-facing platforms (like social media) to raise broader awareness of PCH's positive impact.
4. By December 2026, develop an initial plan for the next regional CHA that includes primary data collection methods with community members

### Strategies

- a. Identify and convene a regional CHA planning workgroup to develop an initial plan for review by the full PCH Steering Committee.

## Focus Area 3:

### Maintain an accessible and useful website

The focus of this priority is to maintain an accessible and useful website that serves as a hub for information, collaboration and regional health assessment and improvement efforts. It ensures partners and community members can easily find updates, resources, and opportunities to engage with CHA and CHIP work.



## Focus Area 3

### Objectives

1. By December 2025, PCH will consistently include branding and messaging about its role throughout the website to increase visibility, build recognition, and highlight the PCH's positive impact across the region.

#### Strategies

- a. Establish a website workgroup to strategize website content, identify gaps, and prioritize improvements.
  - b. Develop a content management process, including workflow and schedule.
2. By June 2026, PCH will improve the website user interface and engagement.

#### Strategies

- a. Redesign and elevate the "Contact Us" icon to be more prominent (see Toolkit Item 4e).

- b. Replace stock images with region-specific visuals that reflect Linn, Benton, and Lincoln communities. This can be sourced through partners or photography contests.
  - c. Start using Google Analytics to track page visits, drop-off points, and search queries on the site.
  - d. Develop an annual review process for website content and analytics to inform continuous improvement.
3. By June 2027, PCH will increase the visibility of CHA and CHIP-related updates, progress, and partner work on the website.

### Strategies

- a. Create a regularly updated CHIP partner dashboard/section that showcases partners, strategies they are leading/contributing to, and current status.
- b. Create a CHIP meeting calendar, agendas, and notes in a visible location on the website (organized by workgroup or CHIP goals).
- c. Embed at least two interactive data visualizations or maps related to CHA data and/or CHIP priority areas and with data broken out by county or more granular geographic regions or populations.

## Focus Area 4: Create and adapt communications structures, policies, and processes for transparency, shared ownership, and accountability



The aim of this priority is to create the structures and processes necessary for effective collaboration. This includes launching and supporting workgroups to guide collaborative efforts and maintaining timely, clear, and transparent communication across the PCH network.

### Focus Area 4

#### Objectives

1. By December 2025, PCH will develop and implement co-branding guidelines and processes for shared communications, with direction from the PCH Steering Committee.

#### Strategies

- a. Engage the PCH Steering Committee to develop co-branding guidelines and shared communication protocols that promote clarity, consistency, visibility, and mutual accountability among all partners. Connect with all partner organizations to ensure they are aware of guidelines and protocols.
2. By June 2026, PCH will establish and launch 3-5 active workgroups (including CHIP workgroups and a communication workgroup) with defined roles, meeting schedules, and deliverables.

## Strategies

- a. Form a PCH communications workgroup to guide and monitor the implementation of this communications plan. The workgroup should include PCH members representing a diverse range of agencies, systems, and community organizations to the extent possible.
  - b. Create clearly defined CHIP workgroups with specific mandates, leadership roles, decision-making processes, and regular reporting mechanisms to ensure shared ownership and accountability across all partnership activities. Identify and dedicate resources for CHIP workgroups.
3. By December 2027, 80% of PCH member organizations will report improved relationship strength and network connections through a partnership survey administered by PCH staff.

## Strategies

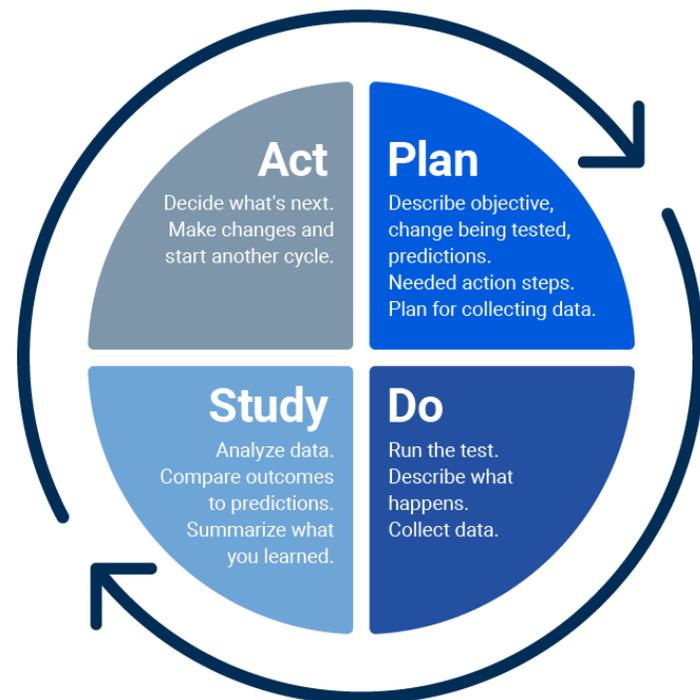
- a. Establish and maintain centralized partner mailing lists, a PCH website, and other regular communication channels that keep all partners informed, engaged, and connected to partnership activities and decisions.
- b. Design and facilitate regular networking events, collaborative learning opportunities, and informal and fun relationship-building activities that strengthen interpersonal connections and trust among partners.

# Implementation

The PCH has dedicated staffing and additional resources for the implementation of this communications plan. This plan also recommends convening an ongoing communications workgroup to guide communications efforts, supporting implementation and adaptation of this plan as the needs of PCH partners and the context for implementing the CHIP continue to evolve. This communications workgroup can also help identify additional resource needs and explore opportunities for securing funding.

## Monitoring and Evaluation

A commitment to ongoing monitoring and evaluation of this plan will be important to ensure communications efforts are having the intended impact. The PCH will use the Plan-Do-Study-Act (PDSA) cycle as an ongoing improvement process to track progress toward the objectives in this plan on a semi-annual basis and make adjustments to the plan accordingly. PCH staff will develop a PDSA process with input from the PCH Steering Committee and to-be-formed communications workgroup, building on plan objectives and identifying data sources and additional performance indicators as needed.



Overall, the PCH expects to see measurable impacts in the short-term, medium-term, and long-term.

### **Short-term impacts**

- Increased internal capacity
- Expanded partnerships with deepened connections and trust
- Increased awareness and recognition of the PCH throughout the region

### **Medium-term impacts**

- Increased collective capacity (e.g., data analysis and visualization, community engagement, implementation of best and innovative practices)
- Increased resources for community health improvement
- Expanded funding and recognition for CBOs
- Deepened engagement with communities impacted by health inequities to drive vision and strategies

### **Long-term impacts**

- Improved quality and accessibility of services that cultivate community health and well-being
- Improved coordination of systems to use resources effectively to address the root causes of health inequities
- Improved health outcomes