



# Participatory Budgeting

## Description

Participatory budgeting (PB) is a method that includes community members in decision-making. It involves gathering members of the community together to discuss key health challenges they and their community are facing, and then use that discussion to develop proposals on what should be funded to address them. It is a way to engage the community in the public health process and get a better understanding of the root of public health challenges in the community.

## Benefits

- Provides an opportunity for residents to see themselves reflected in municipal priorities
- Projects that are implemented are up to date and informed by community needs and priorities
- Community voice directly influences and shapes decisionmaking
- Residents can learn how government processes work, how decisions are made about what gets funded and why, and go through that process themselves
- The process gives a voice to those who typically aren't included in government decisionmaking (non-English speakers, formerly incarcerated people, etc.)
  - Can increase civic engagement/participation among the same populations
- Stakeholders including schools, school districts, and local foundations can better understand the impetus behind community priorities and develop longer-term, intentional projects in these areas

## Challenges

- Not all governments/foundations/community-based organizations want to give up decisionmaking power and authority in order to share it with community members
- The process relies heavily on meeting, so in a COVID-19 context, this was an additional consideration to ensure everyone was able to access Wi-Fi and that meetings could be accessible for non-English speakers
- Depending on the funding source, the process of PB could entail the marrying of a bureaucratic, concrete funding mechanism and a community-led iterative process, which can feel unnatural
- Can only engage a certain amount of community members based on capacity of implementing staff and amount of funding, as engaging hard-to-reach populations requires a greater amount of time on the part of staff

- Difficult to do advanced planning when you're first implementing it because it is hard to anticipate the inputs needed for success, despite availability of resources (for example, specific methods to engage specific community members, what works/what does not)
- Can be difficult to reach more marginalized populations due to work schedules and/or phone/Internet access

## Considerations and Recommendations

- Doesn't require a lot of funding, as the process is the intervention, requiring high amounts of staff capacity and meeting time
  - Can be done at any scale with any amount of money
- The process itself is very time intensive and requires a level of humility and patience from the implementer side
- When considering programs or services to fund, resources should be accessible for all populations you are serving
- Relationship building is critical to the success and sustainability of PB
- Also need to establish relationships and work with critical stakeholders (internal and external including boards, community-based organizations, schools, and citizens)
- Important to reduce barriers for participation (compensation, transportation, childcare etc.) to ensure anyone could participate

**Participatory Budgeting is a way to engage the community in the public health process and get a better understanding of the root of public health challenges in the community.**



## FIELD EXAMPLE #1



### Tacoma Pierce County, WA

#### Supplementing Existing Anti-racist Efforts in Washington

To engage traditionally disenfranchised citizens and create authentic civic engagement, the Tacoma-Pierce County Health Department uses participatory budgeting to empower community members. In 2018, the county launched participatory budgeting as part of its anti-racist efforts to begin to dismantle systems of oppression and bring marginalized people to the center of the conversation. The efforts began within three schools in East Tacoma, a neighborhood with historically high health disparities. The initial participatory budgeting grant was \$150,000. In an attempt to be intentional and apply participatory budgeting to the public health space for the first time, money was divided within the schools based on student enrollment. Students who did not normally hold leadership roles were chosen to form advisory groups. When working with younger students, officials were forced to engage their parents as well, so the method became intergenerational and was able to engage more than just the target population. In one notable intervention, high school students focused on breaking the school to prison pipeline.

To begin this effort, they restored bathroom mirrors into the men's restrooms because they felt like without being able to see themselves as human in that environment they were already in prison, and that the systems were already seamlessly delivering the experience for them. This intervention both empowered the youth, but allowed the school district and local foundations to understand the impetus behind the mirror initiative which then could act as a catalyst for future, more long-term interventions focusing on dismantling the school to prison pipeline.

## **Giving those with subject matter expertise the power to make decisions.**

While the students were the ones doing the decision-making and deciding on which health interventions to implement in their schools, it was the process that was the biggest takeaway. “It’s really the process itself that is making the change. And I see it as a real tool and civic engagement, getting communities that have been disenfranchised and marginalized for generations, to come back to the table by giving them the ultimate power of decisionmaking. It flips the power dynamic,” said Benjii Bittle, the Business Development Manager of the Tacoma-Pierce County Health Department. One of the biggest benefits of implementing this strategy in Tacoma-Pierce was giving the community, those with subject matter expertise and understanding of contextual nuances, the agency to make changes through funding and assistance with understanding data, design, and implementation. The county found that after implementation, participants felt more confidence in the democratic process and there was a built trust between community and county health officials. Because of this, community members could apply these takeaways to other spaces surrounding civic engagement.

## **Many applications of the same model.**

After the initial pilot in the three schools, the county applied PB more broadly in different contexts, including focusing on different subject matters and/or different demographics. For example, a specific application of PB was done with the rural communities of Pierce County. This is another benefit of participatory budgeting as it allows the health department to work with different populations to better understand the health challenges they are facing. Specifically, in Tacoma-Pierce County, where the district represents a wide range of populations, PB has been applied both in urban predominantly Black communities where there are historically high health disparities, as well as in predominantly white rural communities where personal empowerment was more of a cultural norm. In order to achieve success, PB requires a large amount of labor, which can be a challenge.

## **Ensuring long-term relationships comes with challenges.**

Before the process can begin, officials in Tacoma-Pierce county went into the community and listened to the

denizens about their concerns and priorities as part of a reconciliation process. This step is critical in understanding the lived experience and ensuring that the PB process is grounded in reality. PB aims to be a long-term commitment to work with the community, so this initial step is critical for the processes’ longevity. Similarly, since the process focuses on inclusion and intentionality, a large consideration that the Tacoma-Pierce County Health Department focused on was ameliorating potential barriers. This effort included ensuring rural populations were able to access online meetings and that non-English speakers had resources in their native language.

## **Giving up power and shifting decision-making authority.**

One of the largest challenges faced by this coalition was the cultural shift in who has the power and authority in making decisions. Visionary leaders — government authorities and those at community-based organizations — understand the need to give up power so that community members have the ability to make decisions about funding. Despite this, this is often easier said than done and in practice requires conflict resolution skills and long conversations. Additionally, since the process is extremely democratic, the additional challenge of COVID-19 added additional considerations in ensuring Internet access and translation services to those who needed it.

**“It’s really the process itself that is making the change. And I see it as a real tool and civic engagement, getting communities that have been disenfranchised and marginalized for generations to come back to the table by giving them the ultimate power of decisionmaking. It flips the power dynamic.” — Benjii Bittle, Business Development Manager, Tacoma-Pierce County Health Department**

In each application setting, participatory budgeting has proved to be an effective tool in Tacoma-Pierce county both in determining the communities' needs but also in flipping the narrative in who is involved in decision-making.



## FIELD EXAMPLE #2



**St. Louis County**  
**Department of Public Health, MO**

### **Re-instilling Community Voice after Trauma**

In September 2016, in the wake of the murder of Michael Brown and the civil unrest that followed, both in Ferguson and in Missouri as a whole, the St. Louis County Department of Public Health was awarded a \$4.7 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for the ReCAST (Resiliency in Communities after Stress and Trauma) initiative. The initiative aimed to provide the community with power in decisionmaking as well as self-efficacy. The St. Louis ReCAST project was implemented in the federally designated Promise Zone, which encompasses 28 North St. Louis County municipalities and 11 North St. Louis City wards. The initiative utilized a participatory budgeting process to develop, score, and monitor micro-grants in violence prevention, youth engagement, peer support, and mental health. "There was a lot of trauma that the community experienced during that incident [the murder of Michael Brown] and the civil unrest that happened afterward. And so it looked at a way to provide the community with some power and decisionmaking and some self-efficacy that comes along with being a part of the process, as opposed to somebody doing something [on your behalf]", says Community Engagement Coordinator Eboni Hooper.

### **Utilizing a core advisory board to shape decisions.**

The program utilizes a core advisory board that meets monthly to provide ongoing review of progress, conduct project governance, and support compliance with SAMHSA expectations. The program began by identifying 80 community members each year to serve as Community Delegates. Those 80 community members would help develop the scope of work for projects. St. Louis County would then take that scope of work, put it in a request for proposal, and submit it for bid. Submissions were received and scored for a community vote.

### **Mixing a legal process with a community-driven one.**

The team worked to ensure the community vote was open to a larger population, so even those who were not part of earlier stages could have access to the information and cast their vote. Thus, the program mixes a legal procurement process with an intensive community engagement process, which can be challenging. To address this, the implementers of the ReCAST program recommend understanding the processes and limitations of the specific funding stream and being honest and transparent about those, while ensuring you have leadership support for the PB process.

**"There was a lot of trauma that the community experienced during that incident [the murder of Michael Brown] and the civil unrest that happened afterward. And so it looked for a way to provide the community with some power and decision-making and some self-efficacy that comes along with being a part of the process, as opposed to somebody doing something [on your behalf]." — Eboni Hooper, Community Engagement Coordinator**

## Champions within Leadership.

One tip that the coalition utilized to mitigate the challenge with power shifting was relying on champions within leadership to advocate for the process and the associated processes during discussions with authoritative powers. This helps to push the process forward and ensures that leadership understands the sacrifices that need to be made for this process to be successful.

## Ameliorating Potential Barriers.

Like the Tacoma-Pierce PB process, the St. Louis ReCAST program aims to ameliorate barriers that may impede a community member's ability to participate. Additionally, community delegates receive transit passes, food, compensation, and childcare services. Of course, like all

participatory budgeting programs, the biggest benefit of the ReCAST program is that community voices are influencing and shaping decisions. Furthermore, this ensures that the projects being implemented by the micro-grants are grounded. The initial five-year grant showed so much success that St. Louis County used the model to award \$7 million of the CARES Act funding for access to healthcare needs in communities hardest impacted by the pandemic.

The St. Louis ReCAST program, which began during a time of extreme trauma, proved to be so successful that participatory budgeting will be a permanent part of health department processes and the team will begin to implement this approach with other government agencies.

This project was supported by the Center for State, Tribal, Local, and Territorial Support and (CSTLTS) within the Centers for Disease Control and Prevention (CDC) under grant number 6 NU38OT000306-03-01, Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by CDC or the U.S. Government.



The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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

P 202.783.5550 F 202.783.1583

© 2021. National Association of County and City Health Officials