COMMUNITY RESILIENCE: CROSS-SECTOR COLLABORATIVES AND THEIR ROLE IN RESPONDING TO CRISIS

FINAL REPORT

SUBMITTED TO:

ROBERT WOOD JOHNSON FOUNDATION

MT. AUBURN
A S S O C I A T E S

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JUNE 2021

Acknowledgments

The authors, Beth Siegel and Richard Kazis, would like to thank all who contributed their time, provided support, and shared their views to inform this report.

This report would not be possible without the significant contributions of many individuals whose time, research, and wisdom informed the content and findings. In particular, special thanks to Amy Gillman, Emmy Ganos, Hilary Heishman, and Oktawia Wójcik who oversaw this project at RWJF and provided strong support and feedback throughout the process.

The authors also acknowledge and greatly appreciate the individuals who participated in the Roundtable as well as the more than 40 individuals who shared stories about how their communities responded to the COVID-19 crisis.

Finally, the authors wish to thank the entire Mt. Auburn team who interviewed the individuals in the many sites that were part of this research effort: Devon Winey, Alyssa Saunders, Emily Klein, Emily Doglio, and Danya Smith. Last, thanks to Judi Luciano of Mt. Auburn for carefully editing this report.

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Introduction: cross-sector collaboratives and crisis response

Over the past decade, national philanthropic organizations have focused growing attention on complex social problems that require new types of community responses. Rather than investing exclusively in individual organizations working to solve specific social or economic challenges, many national funders have supported initiatives promoting cross-sector partnerships committed to both programmatic innovation and broader system change.

When the COVID-19 pandemic hit in the spring of 2020, Mt. Auburn Associates was engaged in evaluating several multisite initiatives supported by the Robert Wood Johnson Foundation (RWJF). As our team observed how community leaders and partnerships responded to the pandemic and then, later in the summer, to calls for racial justice in the aftermath of the murder of George Floyd and others, Mt. Auburn observed a pattern. It appeared that communities that had worked hard to build cross-sector collaboratives for some time were often swift in responding to crises and effective in addressing emergency needs.

This observation led Mt. Auburn to question whether, and in what ways, communities that had engaged in building cross-sector collaboratives as part of multisite initiatives had developed capacities particularly well suited to effective crisis response. These communities seemed to exhibit characteristics of community resilience, which the Rand Corporation defines as "a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations."[1]

This paper seeks to refine and explore this hypothesis and provide a deeper understanding of if and how cross-sector groups help position a community to be more adaptive and successful in navigating and responding to an acute community crisis. To explore this question, Mt. Auburn Associates' research team set out to understand more about how sites participating in various RWJF initiatives responded to COVID-19 and demands for racial justice during 2020. The team looked at RWJF initiatives that met the following criteria. The initiatives:

- involved a cross-sector collaborative or team with stakeholders from the public, private, and nonprofit sectors working together to achieve an identified result or goal;

- provided cross-sector teams or collaboratives with technical assistance, support, and varied learning opportunities; and

- employed a strong equity lens and worked with sites to shift perspectives and strategies to address equity gaps.

Based on these criteria, Mt. Auburn selected six very different initiatives. (See Figure 1 and Appendix 1 for an overview of each.) In late 2020, as the pandemic raged, the research team conducted interviews of about an hour in length with representatives of 43 different sites as well as staff involved in the intermediary organizations that were leading these initiatives. The team augmented interviews with a roundtable discussion involving eight national organizations supporting these initiatives, an evaluator of one of the initiatives, and representatives from three organizations that

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[1] Chandra A, Acosta J, Howard S, Uscher-Pines L, Williams M, Yeung D, Garnett J, Meredith LS. *Building Community Resilience to Disasters: A Way Forward to Enhance National Health Security*. Rand Health Q. 2011 Mar 1;1(1):6.

served as the backbone for their local community collaborative. (See Appendix 2 for the list of attendees.)

Figure 1. The initiatives, their lead organization(s), and sites

	Bridging for Health	Connect Capital	Invest Health	SPARCC*	Working Cities Challenge	Ventures
Led by:	Georgia Health Policy Center	Center for Community Investment	Reinvestment Fund	Enterprise, Low Income Investment Fund, NRDC	Federal Reserve Bank of Boston	ReThink Health
Sites interviewed:	Bexar County, TX Central Michigan Inland Empire, CA NE Kingdom, VT Spartanburg, SC Yamhill County, OR	Central Appalachia Coachella, CA Miami, FL Milwaukee, WI Richmond, VA Seattle, WA	Akron, OH Grand Rapids, MI Greensboro, NC Hartford, CT Lansing, MI Missoula, MT Napa, CA Riverside, CA Roseville, CA Spokane, WA	Atlanta, GA Bay Area, CA Chicago, IL Denver, CO Los Angeles, CA Memphis, TN	Chelsea, MA East Hartford, CT Fitchburg, MA Lawrence, MA Middletown, CT Newport, RI Pittsfield, MA Springfield, MA Waterbury, CT	Albuquerque, NM Central Oregon Finger Lakes, NY Seattle, WA Sonoma County, CA Trenton, NJ

* Mt. Auburn interviewed Enterprise staff about all six sites listed, not members of the site teams themselves.

The research team focused on three questions:

1. how the collaborative tables established or supported by the funded initiatives shaped responses to COVID-19 and the call for racial justice;

2. how the pandemic and efforts to address it in these communities affected the work of local collaboratives; and

3. how participation in a funded initiative contributed to local resilience and effective community responses across U.S. communities, cities, and regions.

This paper summarizes findings regarding the underpinnings of community resilience and the implications for RWJF and other funders, leaders of cross-sector collaboratives, and the intermediaries who are providing support to these collaboratives.

The initiatives whose strategies and site activities the research team studied shared several core assumptions and components:

• At the heart of each was a belief in the positive role that cross-sector collaboratives can play in driving complex change in a neighborhood, city, or region, and the value of philanthropic investment in multisite initiatives.

• Each initiative intended to catalyze and support long-term system change by bringing together leaders and decision-makers from key sectors—government, nonprofit and community organizations, businesses, and philanthropy—around clear long-term goals and results.

- Each emphasized the need to mobilize resources and align different local interests, relying on a collaborative table convened by a backbone organization responsible for driving partners forward.

- The initiatives shared a commitment to engaging underrepresented communities, using an equity lens to set priorities and allocate resources, and utilizing data to highlight equity challenges, set goals, inform strategy, and assess progress.

- RWJF and other funders invested in national organizations to lead each initiative, monitor progress, and support sites through subgrants and opportunities for cross-site learning and sharing.

At the same time, there were also some significant differences across the six initiatives. (See Figure 2.) Several initiatives (e.g., Bridging for Health, Ventures, Invest Health, and the first round of the Working Cities Challenge in Massachusetts) had already wound down by the time the pandemic hit. Interviews with leaders from those initiatives sometimes revisited activities and outcomes that had ended two or more years prior. In some communities, new initiatives replaced ones that had ended, perhaps with a somewhat different purpose and approach but involving many of the same key individuals and institutions. In others, the collaborative had disbanded, and the interview focused on the initiative's legacy in the community's response to the crises of 2020.

Figure 2. Variations across initiatives

Initiative	Status	Geographic Scale	Strategic Focus	Team Composition
Bridging for Health Phase 1	Completed	Small cities, rural regions, counties	Creation of wellness fund	Health-related, government, foundations, human services
Connect Capital	Close to completion	Neighborhood, city, county, multi-state	Built environment and community investment	Varied by site, no healthcare
Invest Health	Completed	Small and midsize cities	Built environment and community investment	Healthcare, public health, government, CBOs
SPARCC	Ongoing	Metropolitan regions	Ensuring major new investments lead to equitable and healthy opportunities for all	Large teams including CBOs, government, foundations, coalitions
Working Cities Challenge	MA – completed CT and RI – ongoing	Small cities	Civic infrastructure	Varied by site, no healthcare
Ventures	Completed	Small and midsize cities and regions	Health transformation and well-being	Health-related, ACHs, CBOs, human services, government

The Mt. Auburn team identified other axes of variation among the initiatives:

- *Geographic focus and scale:* A number of these initiatives focused on small and midsize cities, a few involved rural areas (e.g., Bridging for Health, Connect Capital, Working Cities Challenge), and several included larger cities and regions (e.g., SPARCC, Ventures). Some (e.g., Connect Capital, Invest Health) included efforts concentrated on particular neighborhoods. As a result, some collaboratives functioned in an environment with few other tables for joint action, while others—SPARCC is a good example—had to identify an appropriate "lane" in a crowded ecology of change-oriented organizations and partnerships.

- *Strategic focus:* Because of RWJF's involvement in these initiatives, the design of at least half was to help improve community well-being by addressing key "upstream" obstacles to good health, such as inadequate housing, food insecurity, and poverty. Others were less health-oriented and instead supported collaborative action on innovative community development finance or civic infrastructure.

- *Team composition:* Each initiative supported local efforts to build out strong, effective collaborative tables for planning, decision-making, and system change. Not surprisingly, the composition of the collaborative table varied across and within initiatives. Health systems were central to some but not others; in some, public health agencies were active partners, while in others, housing or community development agencies were more important partners. Some collaboratives were better at engaging residents or community groups, and others were more effective in bringing decision-makers to the table. The composition of the table and the effectiveness of the backbone organization convening and guiding the collaborative had significant influence on the readiness of a given site to respond resiliently to a crisis.

- *Scale of investment:* Among these initiatives, there was also wide variation in the level of support funders provided to sites and the resources available for investing in their communities. The Invest Health sites, all small and midsize cities, received $40,000, primarily to support their travel to initiative convenings. The six communities involved in SPARCC, at the other extreme, had access to a larger pool of grant and investment resources.

As this brief discussion illustrates, the wide variation among these communities and initiatives makes it extremely difficult to generate robust, testable hypotheses as to causality. However, Mt. Auburn believes that there is still great value in being attentive to the similarities and differences across communities and their collaborative efforts. A closer look at these initiatives can inform a better understanding of the factors contributing to community resilience in the face of crisis.

How collaboratives contributed to community response to crisis

Types of community responses

A large majority of the individuals the Mt. Auburn team interviewed believed that engagement in a multisite initiative was a factor in how well their community responded to the COVID-19 crisis and the social unrest that followed the killing of George Floyd. About two-thirds of the sites in the analysis (30 communities) reported some impact, while 13 did not note any specific impact on community response resulting from participation in a collaborative initiative.

Some cross-sector teams pivoted from their long-term goals and became involved in efforts to address immediate challenges brought on by the pandemic, such as food delivery, emergency housing, collection and distribution of protective equipment, and job counseling. In other

communities, while the cross-sector team may not have led local response efforts directly (frequently because it no longer existed), interviewees provided strong evidence that relationships built during the initiative, along with the adaptive leadership and collaboration skills participants developed, were critical to how their community responded to the crises and how effective their community was in pivoting, planning, and executing on new priorities. Interviewees provided examples of both short-term emergency responses to meet community needs and more transformational efforts.

Responses to the crises concentrated in the following four categories. (See Appendix 3 for more detailed case studies of four communities.)

► **Emergency services**

Collaboratives and partnerships moved quickly to fill obvious gaps in emergency service delivery in the early days of the pandemic, tapping into relationships and competencies honed in cross-sector partnerships prior to the pandemic.

- **Food**: Approximately 15 interviewees noted that they were involved in addressing food insecurity brought on by the pandemic, making this type of response the most common area of engagement. Interviewees attributed speed of response, effectiveness in reaching hard-to-serve residents, and creative solutions to meeting community needs to lessons learned through pre-pandemic collaborative work.

  Example: **Roseville, California**, a midsize city outside Sacramento and a participant in Invest Health, used its focus on quality of life and health equity for residents of the city's downtown core to move swiftly to help coordinate emergency food delivery. Its Health Education Council worked with the city, restaurants, and the local transportation system to distribute meals for six weeks in six low-income housing developments and four Title I schools. This led stakeholders to form a food insecurity group that meets monthly to advance systemic solutions to longer-term food access and quality challenges.

  Example: The collaborative built in **Chelsea, Massachusetts,** as part of the Working Cities Challenge was no longer active at the start of the pandemic. Yet, the city manager reported that the relationships built through engagement in Working Cities Challenge were critical when the city decided on a bold approach to emergency food delivery, providing 2,000 families with up to $400 a month via debit cards. The trust built with local community-based organizations contributed to the city's ability to develop a process for distributing the cards that met with the community's approval.

- **Housing**: Addressing issues related to evictions and other housing-related challenges was the second most common area of response, being noted by 12 interviewees. Several collaboratives had been working to build or expand access to affordable housing prior to the pandemic. For some, this spurred a natural pivot to emergency assistance and eviction prevention, positioning the partnership and the lead organization to take on more ambitious housing-related programming post-pandemic.

  Example: Lift to Rise in **Riverside County, California**, a Connect Capital community, took advantage of its cross-sector partnership to move swiftly to provide rental assistance during the pandemic.

- **Health:** A small number of the collaborative-led sites formed around community health and well-being, such as those participating in Bridging for Health, filled health-related gaps in services such

as focusing on hard-to-secure protective equipment or providing improved access to COVID-19 testing.

Example: **The Michigan Health Improvement Alliance, Inc. (MiHIA) in Central Michigan**, which had been a Bridging for Health site, used its relationships and credibility to be an early provider of protective equipment, going from collection to manufacture and distribution and then expanding to manufacture and management of COVID-19 testing kits, before pivoting again to resume its ambitious pre-pandemic strategy of investing to advance long-term regional health and well-being.

- **Childcare, employment, and other services:** Collaboratives tended to jump in to provide emergency services where they had expertise, relationships, and credibility. At least one collaborative focused on supporting childcare for frontline workers. Several that had provided workforce development services pre-pandemic worked with employers, community groups, and job seekers to help displaced individuals. A few found ways to support small business recovery.

Example: **Common Ground Health in Rochester, New York,** is a health planning organization focused on improving regional health outcomes that had participated in ReThink Health Ventures, whose sites pursued a set of change practices, including shared vision, sound strategy, broad stewardship, and sustainable financing. When the crisis hit, the organization prepared and delivered 5,000 play kits to families forced to stay in their homes, used relationships built through a summer food program to deliver meals to children at home, launched a program for COVID-19 testing at local churches, and tackled long-term policy changes related to mental health services and rental assistance.

► **Communication and resident outreach**

In addition to immediate emergency service delivery, collaboratives used their relationships and resources to strengthen partnerships, add value to community responses to acute needs, and help drive resources toward long-term solutions to challenges that the crisis exacerbated. One area where collaboratives added significant value was as a conduit for information both to and from underserved communities.

- **Emergency information for residents:** Collaboratives frequently took on the task of communicating with local residents about where and how to access emergency services and resources. Some sites used multilingual organizers to reach immigrant communities or helped broadcast relevant information on the radio or through Spanish-language virtual meetings so that residents could more easily get advice on COVID-19-related benefits and emergency resources. In **East Hartford, Connecticut,** for example, the Working Cities Challenge collaborative strategically placed lawn signs with information on how to access available emergency services in target neighborhoods.

- **Reporting and representing resident needs:** Because of their involvement in initiatives addressing equity gaps, many sites were well-positioned to bring information from underserved communities into the planning and delivery of emergency services. Sometimes, very specific local knowledge makes a huge difference. For example, in **Henderson, Nevada,** one of the Invest Health sites, residents identified a high-need high school as the best site for food deliveries in a particular neighborhood.

► **Identifying and marshalling funds for recovery**

Pre-pandemic, influencing and targeting the investment of philanthropic and governmental funds to community development and improvement was an important priority. During the pandemic, lessons from prior efforts encouraged collaboratives to focus with laser-like intensity on how to use existing and new funds productively and equitably for long-term systemic change.

- **Tapping and aligning public funding sources**: Federal recovery resources available through the CARES Act were an attractive target of opportunity. Effective collaboratives translated their relationships with governmental entities that could access those funds into quick, scaled strategies for rapid deployment to address community needs. Having a good sense of community challenges and a foundation of trust across public and nonprofit stakeholders were critical factors in this process. **Lift to Rise,** for example, had a list of "shovel-ready" housing projects ready for funding and had already demonstrated the ability to move quickly through its Connect Capital initiative work. The organization secured $30 million in CARES Act dollars for rental assistance and affordable housing. Similarly, in **Napa**, **California,** one of the Invest Health sites, relationships built between the Community Foundation and the city resulted in the foundation being able to build upon an existing program, resulting in the rapid deployment of Cares Act money to support tenant protections for residents experiencing housing insecurity.

- **Creation and redeployment of investment funds for crisis response:** In several communities, the pandemic created momentum for developing new financing vehicles and approaches. With greater flexibility from state authorities, **Yamhill Community Care Organization** in rural Oregon**,** part of the Bridging for Health initiative**,** took incentive dollars in its Community Prevention Wellness Fund and established a COVID Relief Subcommittee to invest in a range of programs to address pandemic challenges. The subcommittee granted $1.6 million to local partners in 2020 for rental assistance, food pantries, temporary housing, childcare, and tutoring stipends.

► **Convening and mobilizing stakeholders**

Cross-sector collaboratives pursue strategies for effective organizing and convening of stakeholders who are in a position to influence the flow of useful information, resources, and policy change. Networks built pre-pandemic provided some lead organizations with connections, trust, and capacity to bring together influential actors for an aligned response.

- **Increased frequency of partner communication:** In response to the pandemic, some collaboratives increased the frequency of consultation and meeting. **MiHIA,** for example, organized a week of daily meetings to map out its initial response plan. **Chelsea (Massachusetts),** which was part of the Working Cities Challenge**,** convened a daily conversation with 30 nonprofit organizations. Not all collaboratives could do this. Some found it hard to keep meeting regularly when key individuals had to pull back and focus entirely on challenges facing their home organization.

- **Expansion or reconfiguration of the collaborative table:** Some collaboratives took steps to add new partners, particularly ones that could fill gaps in service delivery or provide access to resources. In the Invest Health effort in **Napa, California**, housing and homeless organizations became part of the emergency response team, an expansion that was seamless because of four years of prior work on equity in housing. In the **Northeast Kingdom of Vermont**, which was part of Bridging for Health, economic development agencies joined the collective network. In the **Bay Area**, the SPARCC initiative's "table of tables" broke apart as the three core collaboratives pulled

back into their geographic areas of focus. However, the nine regional county public health agencies continued to meet and plan short- and longer-term responses.

Characteristics of cross-sector collaborative responses

Interviews surfaced four characteristics of collaboratives that responded quickly and with resilience both to COVID-19 in the spring and to demands for racial justice during the summer:

- *Timely.* In interviews, leaders overwhelmingly indicated that they could respond quickly to the crisis because of relationships they developed through cross-sector partnerships. Interviewees frequently spoke of the "speed of trust." Knowing the cell phone numbers of key leaders they had worked with over time made it easier to set up meetings quickly, organize emergency responses, and identify critical resources. Trusting partners' judgment and motives facilitated on-the-fly decision-making and acceptance of partner assessments of needs and priorities. Trust also made decision-makers less likely to hide behind bureaucracy and red tape.

- *Bold*. Several interviewees emphasized the importance of taking bold action in a crisis. This included pushing harder on racial equity concerns and coming up with entirely new ways to address a challenge, such as the **Chelsea, Massachusetts,** food debit card program. In the case of Riverside County, part of the **Coachella Valley** Connect Capital site, county staff credit the initiative with instilling the confidence required to make the bold ask for over $30 million in CARES Act funds. The roundtable discussion highlighted how taking greater risks and having more ambitious goals for cross-sector action increased the likelihood of successful responses on behalf of local communities. Willingness to be bold appeared to come partly from prior experience in collaborative initiatives and the ongoing support of the national organizations guiding them. The more trust among partners, the less concern about risk and the potential downsides of setting a bold agenda. In addition, boldness frequently derives from early success— and the realization that traditional barriers are easier to overcome in a time of serious dislocation and crisis.

- *Innovative.* In many communities, local partnerships embraced entirely new approaches to a longstanding problem. So instead of giving funds to local food banks, for example, some collaboratives invested in new approaches to food production and distribution, or they went into the manufacture of safety equipment or test kits in the absence of alternatives. Brainstorming and problem-solving strategies that they had engaged in as participants in national or regional initiatives pushed backbone organization leaders to think creatively about how to respond in an unprecedented, uncharted moment.

- *Inclusive.* Probably more than any other characteristic, the focus on equity distinguished the crisis responses in communities that had participated in cross-sector collaborative efforts. All six initiatives Mt. Auburn researched incorporated a strong focus on equity in their frameworks for action and training for leaders. Collaborative partners had often already grappled with how to fold equity into their work, so they were better-prepared pre-crisis to think in terms of equity when setting priorities during the COVID-19 crisis and in their response to the racial unrest after George Floyd's murder. The pre-pandemic work of many cross-sector teams in trying to tackle community health inequities enabled leaders to emerge as strong voices for equity in the distribution of emergency services and other crisis responses.

How the crisis affected efforts of cross-sector collaboratives

In addition to exploring how relationships, networks, leadership skills, and strategic frameworks built through multisite initiatives contributed to community resilience in responding to COVID-19, research interviews also focused on how the crisis and immediate community needs affected and altered the activities of cross-sector teams.

Mt. Auburn's findings were somewhat surprising. The pandemic certainly created significant challenges for local collaboratives and their leaders, from simple communication gaps to serious bandwidth and capacity limitations. At the same time, in some communities, the pandemic and the call for racial justice created opportunity and accelerated momentum toward agreed-upon collaborative goals, leaving some better-positioned to make progress on long-term priorities.

Common challenges across the sites

✓ Pivoting to virtual meetings and convenings

It would not be unexpected to learn that a local collaborative buckled under the strain of serving its community during the economic and social dislocation of the past year. Just the shift from in-person organizing and convenings to virtual meetings required tremendous outlays of time, expertise, and resources for improved use of IT, as well as a rethinking of organizing and communication strategies and methods. Yet, many of the interviewees offered a different narrative. First, they were proud of making the shift to online platforms quickly and effectively. Second, they noted several unexpected benefits from the break with past practices. The use of videoconferencing made it possible to reach deeper into hard-to-serve neighborhoods and communities. It became easier to customize outreach and conversation, such as targeting relevant communications to Asian or Spanish-speaking residents. Online meetings had efficiencies that collaboratives came to appreciate. Meetings could be shorter and travel reduced. Many found they could participate in more conversations and planning sessions in a day than pre-pandemic.

✓ Loss of key team members (particularly among health systems)

During the early days of the pandemic, dramatic reshuffling of partners and key personnel attending collaborative strategy and planning sessions was common. In many initiatives, given RWJF's involvement, the team had a strong public and community health focus. Hospitals and health systems were frequently collaborative leaders and key partners. However, by March 2020, hospitals and health systems were under tremendous stress from a combination of pandemic fiscal challenges and a huge surge in demand for services. Hospital administrators who were leaders in collaborative efforts sometimes had to go back to their "day job." Some who remained active were less able to be a steady presence, as their home organizations called on them to address time-consuming and draining challenges. At the same time, collaboratives found ways to adjust to these changes, bringing on new partners, working with health systems on specific emergency needs while understanding that their representatives might lack availability for planning around less immediate priorities.

✓ Balancing response to emergent challenges with long-term vision and strategies

During interviews, some leaders talked about the challenge of balancing immediate response and service delivery with a focus on longer-term system change goals (e.g., policy, resource allocation decisions) that were the initial impetus for these cross-sector efforts. Some found internal challenges crowding out the capacity for planning. A leader of the **Central Oregon Health Council,** part of the

Ventures initiative, noted that instead of being "freed up to tackle some big hairy strategic plan," she found herself supporting her staff more since "they need more morale-building, more coaching, more care." For other collaborative leaders, effective planning and delivery of emergency services led to increased demand for additional short-term interventions, running the risk of diversion from longer-term planning and positioning. In some cases, such as **MiHIA in Central Michigan**, one of the Bridging for Health sites, the collaborative was extremely successful in pivoting to addressing immediate emergency needs, in this case, providing personal protective equipment (PPE) for local essential workers. However, they realized that this was diverting them from their longer-term strategies and, by mid-summer, lead staff implemented a plan to hand off emergency service delivery to other organizations so that MiHIA could resume its pre-pandemic priorities.

How the crisis helped strengthen collaborative efforts

✓ **Prioritizing equity and community engagement —> increased credibility for the longer-term work of the collaborative**

The six initiatives this report covers all put community engagement and leading with a concern for equity at the heart of their principles and theory of change. Before the pandemic and the subsequent calls for racial justice, this point of view and the values undergirding were sometimes not core to the thinking of many leaders in the communities. As 2020 progressed, however, collaborative leaders found much greater receptivity among political and civic leaders. Collaboratives with significant roots and relationships in underrepresented communities found that their ability to be a two-way conduit for information about available services and about the particulars of community needs enhanced their value and reputation. For example, a group that could help food pantries provide more culturally appropriate food to different populations became an important asset. **Common Ground Health** in Rochester, New York, which participated in Ventures, grew more comfortable and more vocal about its commitment to racial equity in service delivery and access as it saw the impact of that approach to representing and serving the community. A collaborative that could generate trusted, current data on community well-being and the disparate impact of changing conditions had significant influence and broader entrée to decision-making tables. **Bexar County Community Health Collaborative**, San Antonio's Bridging for Health site, found that its annual health needs assessment made it a valued partner of local hospitals, programs, funders, business, and educational institutions seeking better and independent data about the community, including its underserved populations. A number of initiative leaders reported that the increased credibility has created new momentum, as well as new partners, for the strategies they were pursuing prior to the pandemic.

✓ **Recognizing changing local needs and dynamics —> new opportunities for collaboration and impact**

Cross-sector collaboratives can get stuck in a variety of ways. Partners may disagree on priorities; they may agree but not have the staff or resources or the right partners at the table to move from idea to action; they may have their sights on resources to advance their agenda but have difficulty accessing funds or getting approvals. In some collaboratives Mt. Auburn studied, the pandemic helped overcome what had become an unproductive stalemate. In SPARCC's **Denver** site, a collaborative that had been in existence for close to a decade was struggling. The organizational table was not functioning well. The fiscal sponsor announced it would be pulling back. Then COVID-19 hit, and this answered the question of why the collaborative should still be meeting. Partners decided to help the regional transit system obtain PPE and to focus on services in three specific focal geographies in and around Denver. According to one observer, "COVID may have saved the site."

The Denver site is now considering roles it might play in longer-term recovery. In **Waterbury, Connecticut**, a Working Cities Challenge site, a collaborative that had been providing workforce development services for city residents found that when it got involved in emergency service provision in the early days of the pandemic, its reputation and visibility increased, as did the resources available to it. When it returned to workforce services, it was in a better position in the community in terms of access to resources and employer goodwill.

✓ **Pressure testing leadership skills and collaborative relationships —> reaffirmation of benefits of cross-sector work**

More frequently than Mt. Auburn expected, interviewees described how the early weeks and months of the pandemic served as a kind of pressure test for the collaborative's strategy, cohesion, and capacity to move quickly from planning to execution. Leaders saw how the relationships and trust they had built over time, coupled with their understanding of where and how to tap resources for emergency response, put them in a strong position to shape community priorities in the very fluid context of the pandemic. Taking on new pilot projects tested their ability to respond nimbly and at a much larger scale. The pressure on the collaborative structures themselves also forced lead organizations to adapt past practice and routines to new realities. In some cases, collaborative tables became less functional and less important, and the capacity of lead organizations to take on new challenges and engage other providers and resources became more important. There were also cases, such as the SPARCC site in **Denver**, discussed above, where COVID-19 may have saved the collaborative.

✓ **Success from COVID-19-related response —> momentum for more and bolder action**

Community change is always difficult, particularly large-scale, long-term systemic change. A theme that emerged from interviews was how refreshing it was during the pandemic to experience success in mobilizing partners, delivering emergency services, and reaching low-income and other segments of the population with food, housing, health, and other essential services. That in itself was energizing. But in many communities, collaborative leaders realized something else. As one interviewee put it, "Doing the impossible," having clear early victories through collaboration, increases both the ambition to do more and the likelihood of being successful. In the fluid and urgent environment of the pandemic, organizations that could demonstrate capacity and effectiveness found it easier to be bolder and take more risks.

Implications: conclusions and recommendations

Conclusions

Mt. Auburn Associates' interviews with leaders of cross-sector collaboratives and national organizations involved in multisite collaborative initiatives have surfaced some clear findings about the interaction of participation in collaborative initiatives and resilience in the face of community crisis. This report concludes with a discussion of the implications of Mt. Auburn's research for funders and managers of ambitious community change initiatives.

❶ Cross-sector collaboratives help to build community resilience.

Resilience builds over time, shaped by experience, relationships, leadership, mindsets, credibility, and confidence. In interviews, leaders emphasized several aspects of their cross-site collaborative experience that positioned them particularly well to respond to the pandemic and calls for racial

justice. Trust and credibility were recurring themes: trust built through familiarity and taking action together and credibility coming from several sources, including accurate and useful data and information, empowerment of resident voice, deployment of staff and financial resources to address local needs and goals, and competence meeting specific commitments. Over time, collaboratives developed capabilities and strategic alliances that would enable them to act effectively and decisively when the pandemic hit. They had been in training and knew how to exert leadership, respond nimbly, and balance immediate service delivery with longer-term strategic action.

❷ A strong, trusted convening entity is essential to resilience.

The findings from this research highlight the importance of what this report refers to as a "convening" entity. This organization does not necessarily have all of the functions of a "backbone organization," as defined in the collective impact literature. The director of Common Ground Health in Rochester, New York, spoke of the need for an organization that plays a role like that of an orchestral conductor, an organization that has ambition for the community at large rather than for its own growth and position. Many of the stories from the sites included in this research did not necessarily involve the formal collaboratives convened as part of each initiative. In fact, in response to the crisis, the regularly convened tables in some communities became less important as the vehicle for response, replaced by a single, well-led, and trusted organization that had strong network connections and knew whom to bring together for what purpose. New combinations emerged, including dyads and triads, large organizations working with their peers, and large organizations reaching out to small community groups representing residents.

❸ Establishing equity as a critical core principle improves collaborative response and credibility during a crisis.

Each of the initiatives included in this study focused considerable attention on equity. For some, the frame started with a better understanding of how the zip code you live in can determine your health outcomes. Other initiatives, notably Working Cities Challenge, SPARCC, and Connect Capital, began with a clear focus on racial equity. The pandemic and a summer of racial unrest put a spotlight on these issues. The collaborative teams built upon their own experience and priorities and played a role in ensuring that acute and longstanding disparities became a focal point in their community's response.

❹ Cross-sector approaches open up the potential to do things differently and more boldly—a key element in community resilience.

Collaborative efforts can move quickly at certain moments of need and dislocation. Successful implementation/execution of complicated service delivery or policy change contributes to confidence and willingness to be bold, move quickly, take risks. Adaptive leadership is critical at these moments. Also important is striking the right balance between transactional activities like direct service delivery and systemic strategies designed to generate policies and procedures that change the routine operation of key essential service systems in a community. Boldness has its risks. It can blow up when a lead organization fails to do the work with partners to prepare them for taking bold steps, and it can backfire if collaborative leaders promise changes that they have neither staff capacity nor access to needed resources. However, interviewees cited numerous examples of the rewards of boldness, resulting in larger-scale impacts and in the repositioning of the collaborative or lead organization to take on new roles

and responsibilities, elevate their credibility and access to decision-makers and resources, and operate at a different scale of ambition and impact going forward.

⑤ Having an underlying system frame can increase the potential for long-term transformational change following a crisis.

All the studied initiatives emphasized the importance of focusing not on programs but on the underlying systems responsible for the poor outcomes for communities and their residents. In response to the crisis, however, many became more transactional, designing and implementing programmatic responses and delivering short-term emergency services. While focusing on emergency needs, the foundational mindset about the need to challenge and change systems is helping collaboratives to learn from the past year and pivot back to addressing challenges and opportunities related to longer-term changes in policy and practice. Emergency food response is leading to new cross-sector collaborative efforts to strengthen local food systems and entirely new approaches to address food insecurity. Pandemic emergency services around rental assistance and eviction prevention during the crisis sparked new approaches to taking on the broader challenges of displacement, such as creating new funding mechanisms. It is not easy to move back and forth between transactional and systemic, between the urgency of emergency needs and the determined slow work of system change. The crisis of the past year has helped some of the collaboratives to be more clear-eyed about how short- and long-term goals can interact and how responding nimbly to a crisis can change the playing field for longer-term systemic work.

⑥ Initiative interventions that build individual, organizational, and collaborative capacity can accelerate community response to a crisis.

Cross-sector initiatives and their national managers/partners appear to have a very positive impact on resilience, an impact that derives from steady structured support provided during "quiet," relatively stable times. A number of the initiatives studied operated with theories of change that emphasized adaptive leadership training.   Collaborative leads and partner organization representatives had opportunities to sharpen skills in adaptive leadership. They had opportunities for peer learning with representatives of efforts in other cities. They were able to test their own capacity and learn from others about the strategic use of data and evidence to make the case for change, and they had support in their efforts to reinforce among partners a centering of equity in their joint work on concrete projects. When opportunities opened up during the past year's crisis, local leaders tapped into the tools, training, and strategic frameworks they had already internalized.

⑦ Even if a specific cross-sector collaborative is not sustainable, the network relationships and trust that stakeholders built over time contribute to community resilience.

Relationships built through cross-collaborative work have a "long tail." Half the initiatives Mt. Auburn researched had formally ended before the pandemic. Yet, the relationships that formed over time frequently remained strong enough to be valuable in planning the community response. This was particularly true in communities with a tradition of collaboration (such as Albuquerque) or in smaller communities where new initiatives and tables had replaced previous efforts and enabled many of the same leaders and organizations to continue to work together toward common goals.

Recommendations

This research takes one particular look at community resilience in light of the COVID-19 crisis by reviewing the experience in 43 communities that participated in multisite initiatives involving cross-sector collaboratives with a strong system change frame and equity focus. The research revealed many inspiring stories of rapid, innovative, and bold responses to the pandemic. In many communities, the emphasis on community engagement and equity led to early responses that were quite sensitive to the specific needs of low-income residents.

As funders consider how their grantmaking can contribute to communities that are better prepared to take on emerging challenges, they might consider the following recommendations:

- **Provide some flexible funding**. During the pandemic, the initiatives Mt. Auburn studied relaxed their guidelines on the spending of grant funds and encouraged sites to take risks and act with authority to maximize opportunities for short-term successes and long-term impact. The flexible funding and support proved effective in helping ongoing collaboratives pivot to address emergency needs and sustain their work. Having some form of flexible funding stream as part of a longer-term initiative could help sites in ordinary times and position them to respond when challenges emerge.

- **Increase attention and funding for local convening entities.** The organizations that played a key convening role in some of the most successful communities Mt. Auburn studied included local foundations and United Ways, regional health hubs, large nonprofit organizations, CDFIs, and anchor institutions. These organizations were often part of the cross-sector collaborative, but not necessarily the lead or backbone supporting the collaborative. They were, however, trusted partners, with networked relationships with the public sector, local community-based organizations, and other key organizations in their community. In addition to supporting cross-sector collaboratives, funders can directly support these convening entities with resources and additional technical assistance.

- **Lengthen the timeframe for supporting system change efforts led by cross-sector collaboratives.** There is no shortcut to establishing relationships and trust. As evaluation after evaluation have documented, it takes a long time to make progress on system change and to build a more aligned network of cross-sector stakeholders. Yet, all of the initiatives reviewed in this research provided only up to three years of support, with some extending beyond three years due to the pandemic (Connect Capital), through short-term sustainability funding (Working Cities Challenge), or a second round of funding (SPARCC). If funders are serious about changing systems through cross-sector approaches, they should extend the funding cycle to at least five years.

- **Provide support for building collaborative capacity and adaptive leadership skills and strengthening racial equity frameworks.** Interviewees cited the training, coaching, and technical assistance that most of the initiatives provided to sites as an essential foundation for effective planning and action as leaders responded to the COVID-19 crisis. So, too, were opportunities to learn with and from peers. Funders can separately support intermediaries that provide ongoing coaching and leadership training for cross-sector collaboratives to enhance the capacity to work with local leaders.

APPENDIX 1.

OVERVIEW OF MULTISITE INITIATIVES

Bridging for Health

Launched in 2014 by the Georgia Health Policy Center (GHPC), Bridging for Health aimed to improve population health and reduce disparities through innovations in financing. To accomplish this, the initiative identified and supported existing community and collaborative efforts that demonstrated great potential to better bridge health and healthcare through innovations in financing population health. GHPC selected seven sites that agreed to participate in the initiative and work specifically on developing an innovative approach to some type of pooled community fund.

The site teams involved cross-sector stakeholders from public health, healthcare, and other sectors. The collaboratives focused on three main areas: stewardship and collective impact, innovations in financing, and health equity. Learning sessions that included a strong focus on equity and adaptive leadership supported each site's multisector teams. Sites also asked for support to help them take concrete actions. In response, GHPC provided sites with additional assistance and funding. This created a more structured process for sites to test, learn, and advance ideas into action, as well as to develop an innovation mindset for the long term.

GHPC initially designed Bridging for Health as a three-year initiative, beginning in 2015. The addition of a fourth year was necessary to allow sufficient time to implement and evaluate the initiative. The initiative ceased to operate at the end of calendar 2018, though GHPC provided some additional support to select sites after that time.

Connect Capital

The Center for Community Investment (CCI) launched Connect Capital in 2018 to assist communities in efforts to attract and deploy capital at scale to address shared priorities and increase access to opportunity in their communities. At the heart of Connect Capital is the capital absorption framework that participating sites use to pursue their community development objectives through establishing shared priorities across stakeholders, creating a pipeline of projects, and strengthening the enabling environment. CCI selected six sites to participate in the initiative, ranging from a site seeking to design and capitalize a new pooled financing fund across multiple states, neighborhood-based initiatives in two cities seeking to leverage local utilities' green infrastructure investments, and affordable housing-related efforts in three sites.

Sites formed travel teams consisting of members who traveled to in-person convenings and attended virtual meetings and home teams comprising a broader network of cross-sector community actors involved locally in working groups and project development/implementation. The Robert Wood Johnson Foundation (RWJF) awarded each team a two-year, $200,000 grant to fund a local staff person dedicated to advancing the team's work, and CCI provided customized coaching and specialized technical assistance. Also, there were facilitated peer learning sessions both for teams and for initiative directors. The convenings provided strong support around system thinking, racial

equity, adaptive leadership, results-based accountability, and other core elements that CCI saw as critical to advancing efforts to transform the community development finance system.

Connect Capital is in its final stages. Three sites completed their work in November 2020, and the remaining three sites will continue to get some nominal coaching support from CCI through the spring of 2021.

Invest Health

Reinvestment Fund (RF) launched Invest Health in 2016 to increase and influence investments in built environment projects that improve wellbeing and equity in 50 small and midsize cities. The initiative has a strong focus on the social determinants of health, health equity, community engagement, and using data to drive strategies. Each city formed an Invest Health team with five individuals, and the initiative encouraged sites to form local home teams to broaden the effort in their community. Given the health equity focus, staff from public health or healthcare institutions were part of many of the 50 teams. The Invest Health interventions included $60,000 in funding to cover travel and other costs related to city work, four national convenings and five smaller "pod" convenings with a specific theme, a subscription to the data platform PolicyMap, and access to webinars and online content.

Following the completion of the 50-city Invest Health learning community in 2018, RWJF and RF launched the Field Building initiative to continue supporting the work of 10 of the 50 sites. While some of the sites continued with the same team and focus from the early phase of Invest Health, other sites changed their team composition and pivoted in strategic focus. This one-year initiative (which extended because of COVID-19) featured a co-design model so that sites could have input into the type of content or assistance that would be the most helpful. Each site received a flexible grant for $75,000, had access to technical assistance through RF, and participated in multiple convenings and learning activities. Due to COVID-19, all but one of the planned cross-site convenings was virtual.

As of January 2021, the field-building stage of Invest Health concluded, though RF will be continuing work to sustain the broader network of 50 cities and provide continued field-building related to the community development work in small and midsize cities.

Strong, Prosperous, and Resilient Communities Challenge

The Strong, Prosperous, and Resilient Communities Challenge (SPARCC) is a multi-year initiative (currently in its second three-year phase) of Enterprise Community Partners, the Low Income Investment Fund, and the Natural Resources Defense Council. SPARCC is investing in and amplifying local efforts in six regions (Atlanta, Chicago, Denver, Los Angeles, Memphis, and the San Francisco Bay Area) to ensure that public investments in the built environment reduce racial disparities, build a culture of health, and respond to the climate crisis. The initiative's long-term goal is to change the way metropolitan regions grow, invest, and build through integrated, cross-sector approaches that benefit low-income people and communities of color. SPARCC offers flexible grant funding, technical assistance, and a community of practice to support innovative solutions that advance racial equity, health, and climate resilience.

The SPARCC regions bring together residents, community advocates, business owners, artists, and experts in community investment, public health, public policy, and climate resilience. Of the six collaboratives, two are new entities, two are expansions of existing collaboratives, and two, in effect,

are "a table of tables," involving multiple collaboratives in each of the regions. SPARCC is leveraging the power of its collective network to influence policy, capital investments, and national conversations toward equitable community development.

Ventures

Ventures, launched in 2016 by the Rippel Foundation, was an initiative of ReThink Health designed to understand the conditions that best catalyze the progress of health transformation partnerships seeking to transform regional health and wellbeing. The core framework for Ventures was ReThink Health's Pathway for Transforming Regional Health, a developmental scheme with five phases of development through which partnerships like those selected for Ventures may progress in their endeavors to transform regional health.

The initiative involved strong coaching by ReThink staff and consultants, multiple learning communities with all of the site teams, and many virtual meetings focusing on specific areas of learning and sharing. The model was relatively prescriptive, working with sites to develop a specific set of practices during their engagement. The practices were in four areas: shared values, sound strategy, broad stewardship, and sustainable financing.

The six selected sites were relatively mature regional multisector partnerships, and all included leaders from healthcare, public health, and other sectors. Since Ventures' concentration was on health transformation, most teams focused both on healthcare delivery and on "upstream" activities. The six Ventures teams were relatively diverse in their composition. Two of the teams involved the staff and board of organizations designed to address health disparities in their communities, and a few brought together multiple partnerships in their communities to align activities.

Ventures concluded its work in 2018.

Working Cities Challenge

Working Cities Challenge (WCC), an initiative of the Federal Reserve Bank of Boston (Boston Fed), aims to achieve lasting gains in economic outcomes and quality of life for low- and moderate-income residents in small cities by creating a civic infrastructure with the individual and organizational capacity, collaboration, and resources to make and sustain meaningful system change. WCC launched in Massachusetts as a competition in 2013 and has since expanded to Connecticut, Maine, Rhode Island, and Vermont. The core elements of the initiative are collaborative leadership, system change, community engagement, and learning orientation. In recent rounds, the core elements expanded to include racial equity throughout. Each site identifies a 10-year shared result to improve the lives of low-income people in its city based on data and community engagement.

The WCC theory of change suggests that as teams apply the core elements and work to advance their shared result, they will strengthen their city's civic infrastructure over time, as evidenced by the presence of collaborative/adaptive community leaders, stable and effective organizations, networks aligning around a shared vision for the city's future, and empowered residents participating in civic life. The composition of these teams varies considerably. The WCC cities are working on a wide diversity of issues that impact low-income residents, including entrepreneurial development, workforce development, public safety, and neighborhood development.

During Round 1 in Massachusetts, the Boston Fed awarded the cities grants of between $250,000 and $700,000 over three years. Sites also attended some short learning community meetings and received some limited coaching and technical assistance. In Round 2, the Boston Fed awarded each Massachusetts site $475,000 over three years; each Connecticut site $450,000 over three years; and each Rhode Island site $400,000 over three years. Each round also includes some form of technical assistance and learning sessions.

Cities in Massachusetts Round 1 WCC concluded their work in 2017, and Round 2 in 2020. The Connecticut, Maine, Rhode Island, and Vermont WCC initiatives are ongoing.

APPENDIX 2.
ROUNDTABLE PARTICIPANTS

NAME	ORGANIZATION/SITE/INITIATIVE
Colleen Dawicki	Federal Reserve Bank of Boston
Jane Erickson	ReThink Health Ventures
Robin Hacke	Center for Community Investment
Amanda High	Reinvestment Fund
Debra Oto-Kent	Health Education Council, Roseville, CA (Invest Health)
Wade Norwood	Common Ground Health, Rochester, NY (Ventures)
Chris Parker	Georgia Health Policy Center
Lisa Schafer	Center for Community Health and Evaluation
Vrunda Vaghela	Enterprise Community Partners
Heather Vaikona	Lift To Rise, Coachella, CA (Connect Capital)
Beth Siegel	Mt. Auburn Associates
Alyssa Saunders	Mt. Auburn Associates
Richard Kazis	Mt. Auburn Associates

APPENDIX 3.

MINI CASE STUDIES

While there were many stories, the Mt. Auburn team selected four sites that highlighted a number of different initiatives. The four sites are not representative, but provide some of the more compelling examples of how engagement in the multisite initiatives included in this report impacted the COVID-19 response in their community.

COACHELLA VALLEY
Riverside County, California

The Coachella Valley, in Riverside County, California, is a very diverse region, with predominantly Latinx farmworker communities, as well as large tourist centers and affluent second-home communities such as Palm Springs. In 2018, the Center for Community Investment (CCI) selected Lift To Rise (LTR), a regional nonprofit focused on housing stability and economic opportunity, and Riverside County, to participate in the Connect Capital initiative. The initiative was helping teams in six communities to establish shared priorities, create a pipeline of investable projects, and strengthen the policies and practices required to achieve a more equitable and effective community development investment system. The Coachella Valley team focused on reducing the high degree of rent-burdened families by developing 10,000 affordable housing units. The team has met with considerable success, identifying and prioritizing a large regional pipeline of projects and capitalizing a new fund for affordable housing in the region.

Through this work, LTR and Riverside County created a strong, trusting public-private partnership that was foundational in driving this work forward. The strength of the relationship led to an incredibly collaborative response to the COVID-19 pandemic. At the very start of the pandemic, Connect Capital team members were traveling together and began speculating about the potential impacts on the region's low-income residents. Within days, LTR staff created a website that aggregated information on all available public assistance and within a month had raised about $1.5 million from private sources and disbursed cash assistance to 4,000 households.

Because of the trust built through Connect Capital and LTR's rapid emergency assistance response, the county involved LTR in its early emergency response meetings with all of its departments. The scale of the need for rental assistance clearly emerged. Given LTR's relationship with the county and strong ties to the community, the county entrusted LTR with deploying $33 million in CARES Act funding through a rental assistance program. This amount of funding for rental assistance is one of the largest per capita in the county.

Staff at both the county and LTR attribute their engagement with Connect Capital to the speed and scale of their response. Participation in Connect Capital motivated the team to set its sights high concerning its affordable housing production goal. This attitude shaped the team's mindset around how the region needed to respond to the COVID-19 pandemic. The county credits CCI with instilling the confidence required to make the bold ask for over $30 million in CARES Act funds. Similarly, realizing that rental assistance would not be enough to respond adequately to COVID-19, the county also asked for additional resources to purchase a hotel to convert to permanent supportive housing and produce manufactured housing units to address farmworker housing conditions.

The response of LTR and the county to COVID-19 also contributed to the Connect Capital team's success in achieving the shared priorities it had established. Prior to COVID-19, the team had not engaged with residents to the extent it had envisioned or desired. However, LTR's role in administering cash assistance and rental assistance funds has increased resident trust in the organization. In addition, the pandemic has highlighted the extreme disparities among those in the Valley and further exacerbated the housing crisis. In effect, the crisis made a compelling case for the Coachella Valley Connect Capital team's efforts to address the affordable housing challenges in the region.

COMMON GROUND HEALTH
Rochester, New York

Common Ground Health is a nonprofit health planning organization working to improve health outcomes in the Finger Lakes region, an area with very rural counties as well as the city of Rochester. Its board of directors includes representatives from hospitals, insurers, businesses, government agencies, and service providers. In 2016, Common Ground participated in ReThink Health Ventures, a multi-year project of The Rippel Foundation. Ventures involved a cohort of six sites working to develop a set of practices—shared vision, sound strategy, broad stewardship, and sustainable financing—that ReThink believed were essential to advancing health transformation efforts.

While there are pools of trust, relationships, and networks that exist in every community, the practices Common Ground incorporated through Ventures, including strengthening its role in convening and supporting collaboratives, influenced several COVID-19 response efforts, including:

- PlayROCs advocacy committee, a cross-sector table that includes residents, transportation specialists, and educators, had been working to build environments supportive of unstructured play for kids. Early in the pandemic, this group realized it had the infrastructure and the bandwidth to be responsive to new types of families' needs and pivoted to create a campaign, PlayROCs at Home, which provided about 5,000 play kits for families to use in their own homes.

- The Summer Meals Partnership had been working to provide children with access to free, healthy meals during the summer when school was no longer in session. Because of the relationships that this partnership already had with the local bus company, it was able to design a new delivery system to provide meals for children during the pandemic. The bus company contributed drivers and vehicles and, according to Common Ground Health staff, "It was really because of this history of collaboration and the relationships that we all have that we were able to pivot."

- The Monroe County Systems Integration Project's Crisis Intervention Team, co-chaired by the president of Common Ground, was seeking to increase alignment across multiple sectors in Rochester. This team soon shifted from a long-term vision to thinking about how members could use their relationships to implement changes that could address COVID-19-related challenges. This shift led to changes in policies related to school lunches, a new paradigm for mental health services, and the delivery of much-needed CARES Act resources for rental assistance.

- Common Ground partnered with Rochester Regional Health, the University of Rochester Medical Center, Wegmans, and the Monroe County Department of Public Health to bring free COVID-19 testing to churches across the city of Rochester to address racial inequities in terms of testing.

  According to Common Ground Health leadership, the Ventures' elements that assisted the organization in its COVID-19-related response included what it learned about distributive leadership, affecting how it convened partners and built trust within the community. Common Ground also learned the value of prototyping. Its new understanding of prototyping—testing a concept early on to see if it will work—enabled it to take risks and test some of its longer-term strategies, such as partnering with faith-based organizations to bring COVID-19 testing to churches across the city. And, finally, Common Ground came out of the Ventures experience as an organization, board, and staff committed to equity as central to its mission. The data it has provided on racial disparities influenced how the community responded with racial equity as a core element.

THE MICHIGAN HEALTH IMPROVEMENT ALLIANCE
Central Michigan

The Michigan Health Improvement Alliance (MiHIA) is a multistakeholder collaboration focusing on achieving a community of health excellence for its 14-county, 800,000-resident region. Since 2007, MiHIA has pursued strategies to accelerate regional competitiveness and sustainability as a convenor, evaluator, and funding aggregator for initiatives to improve health and healthcare. In its first few years, MiHIA targeted chronic disease, given residents' high levels of diabetes and hypertension. By 2017, the organization partnered with an economic development collaborative to create a broad-based initiative, THRIVE. Faith-based leaders, regional nonprofits, health systems, universities, and business interests collaborated to identify five health and economic growth goals.

In 2018, the Georgia Health Policy Center selected MiHIA to participate in the Robert Wood Johnson Foundation-funded Bridging for Health initiative. Through a community planning process, the collaborative chose to create a Regional Health and Well-Being Fund to pursue upstream health improvement initiatives. Participating in Bridging propelled MiHIA to focus on new approaches for collaborative funding and financing.

Pre-COVID-19, MiHIA and THRIVE built support for long-term system change initiatives, with MiHIA serving as the backbone organization for a portfolio of interventions, more than half of which had already been launched by regional organizations. When COVID-19 hit, though, MiHIA saw the imperative to shift from its long-term plan to address emergency needs related to health, food, housing, and jobs. With other community stakeholders—health systems, public health, community emergency managers, county emergency response coordinators, law enforcement, the business community—MiHIA spent a week in March 2020 in continuous, serious dialogue as to each partner's role in battling the pandemic. The partners re-evaluated roles and relationships and developed a response plan. For MiHIA, the question was: what was the best role for this backbone organization?

To address the urgent need for PPE equipment among health systems and first responders, MiHIA took action to collect, organize, sort, inventory, and manage the distribution of PPE supplies. The collaborative then reached out locally and provided instructions on how to sew facemasks, resulting in the manufacture of tens of thousands of new masks. MiHIA organized health systems, universities, manufacturers, and associations to use 3D printing to accelerate mask and shield manufacture. Soon, MiHIA's successful supply chain management led to a role in the preparation and distribution of hand sanitizer (thanks to local employer Dow) and COVID-19 testing kits (thanks to local university scientists). A serious flood in May deepened cross-sector partnerships: The United Way led outreach and information to Black churches and the business community.

By late spring, MiHIA and THRIVE executed an exit strategy, recognizing that their *raison d'etre* was not emergency work but long-term planning and collaboration. They returned to THRIVE's original strategy, focusing on food access and quality, financial stability through wraparound services for employment, STEM career preparation for young people, and improved primary care and care coordination models. Leaders acknowledge that it was the right move to transition out of emergency response. At the same time, the emergency response activities and relationships have altered THRIVE's long-term agenda, elevating racial ties and partner engagement as criteria for action.

ROSEVILLE INVEST HEALTH TEAM
Roseville, California

Roseville, California, is a midsize city located 25 miles from Sacramento that has participated in two phases of the Reinvestment Fund's Invest Health initiative. Invest Health has involved cross-sector teams in 50 small and midsize cities seeking to make progress on built environment projects and improve their community investment system. The Invest Health Roseville team's focus is on improving the quality of life and health equity for those in Roseville's downtown core, including the neighborhoods of Cherry Glen, Roseville Heights, and Theiles Manor. In the past, the city had largely ignored these neighborhoods, which have the greatest concentration of low-income residents. The Roseville team includes representation from the Health Education Council, the city of Roseville, Community First Bank, and others.

During Phase 1 of Invest Health, which started in 2015, the Roseville team engaged in a deliberate planning process to involve residents in developing community priorities. This process led the team to shift from an early focus on food access to addressing basic infrastructure challenges that proved a barrier to walkability, public safety, and social cohesion. In the first 18 months of the initiative, the team prioritized sidewalk and lighting improvements and identified a significant effort to redesign a local park. In Phase 2 of Invest Health, which started in 2019, the Roseville team expanded its vision to include the redevelopment of Weber Park, incorporating an affordable housing project. Moreover, the team identified local system change goals to advance in collaboration with the city government to create a more equitable system that supports development.

When the pandemic hit, members of the Roseville team built on its early focus on food access and quickly pivoted its efforts to help coordinate the emergency food delivery system in the city. The city reached out to the Health Education Council because of its work as part of Invest Health to bring together a joint economic development and food security effort. Launching the Family Meal Roseville program, the team selected seven local small restaurants to prepare meals. Restaurants, in partnership with the city's transportation service, distributed meals five days a week to six low-income housing developments and four Title-1 schools. The city contributed funds and raised matching funds totaling about $100,000, and restaurants received reimbursement for their costs. The program ran for six weeks and distributed about 20,000 meals.

From this work, stakeholders formed a food insecurity group, including churches with food closets, the Placer County Food Bank, school food services, and restaurants. The group analyzed CalFresh data and found that conditional use permit issues and restrictive ordinances inhibit food distribution, and the city is addressing those policies. The food security group is, in effect, an offshoot of the Roseville Invest Health team, and it continues to meet monthly to address the food system in the city beyond the COVID-19 response.

In launching the Family Meal Roseville program and other COVID-19 responses, the team leveraged the relationships it built during Invest Health and the communication channels it established to spread information about COVID-19 and food access. The Public Health National Center for Innovations case study concerning Roseville's response to the pandemic noted, "Building on existing trust and relationships through the Invest Health Roseville initiative was a foundational building block of the program."