



Building Partnerships and Power for the Future

Insights from the Intersections Initiative

ACKNOWLEDGMENTS



We dedicate this report to the seven legacy St. Joseph Hospital communities in California and their many tireless leaders who make change happen every day.

Principal authors:

Jason Lacsamana, MPH, St. Joseph Community Partnership Fund

Katie Miller, MPH, Prevention Institute

Sandra Viera, MPA, Prevention Institute

Sonja Lockhart, MPH, Prevention Institute

St. Joseph Community Partnership Fund

Through targeted investments and partnerships with inspiring organizations that make a measurable impact, the St. Joseph Community Partnership Fund harnesses the power of our communities to advance equity and justice for healthier communities. The Fund has served as funder, thought partner, and convener for the Intersections Initiative.

Prevention Institute

Prevention Institute is a national nonprofit whose mission is to build prevention and health equity into key policies and actions at the federal, state, local, and organizational level to ensure that the places where all people live, work, play, and learn foster health, safety, and wellbeing. Prevention Institute has served as thought partner, convener, and technical assistance provider for the Intersections Initiative.

Core Leadership from Community and Hospital Partners

Eric Altman (South Orange County)

Heidi Benzonelli (Eureka)

Cecilia Bustamante-Pixa (Central Orange County)

Dana Codron (Napa)

Christy Cornwall (South Orange County)

Cesar Covarrubias (Central Orange County)

Kelly Elder (Sonoma)

Michele Grupe (Napa)

Miguel Hernandez (Anaheim)

Kevin Mahany (High Desert)

Vida Pazarin (High Desert)

Barry Ross (Anaheim)

Dan Schurman (Sonoma)

Martha Shanahan (Eureka)

Dorothee Stängle (Napa)

Daniel Weinzveg (Sonoma)

Mark Weller (Eureka)

Letter from the funder

Dear reader,

Community engagement and empowerment has always been a foundational pillar of the St. Joseph Community Partnership Fund's vision for health and wellness in the communities we serve. Seven years ago, I was thinking about how to take the lessons we were learning from our long-running Community Building Initiative and apply them with a set of local partners who were ready to do policy work.

At the same time, I attended Grantmakers in Health's annual conference and participated in a session led by Prevention Institute that made the case for addressing the root causes of inequities, poor health, and trauma in historically disinvested communities and communities of color through policy and systems change. Through a series of conversations, we found that we were strongly aligned in our vision of health equity and upstream strategies as the path forward. We shared a curiosity to understand more about how healthcare can contribute to community-led collaborative work in this space. Our first strategy meeting was held the day after the 2016 presidential election, and though it seemed like the ground under our feet might be shifting in ways we could not yet understand, we were more committed than ever in applying our approach.

Our goal was not to come up with yet another framework for how healthcare can address the social determinants of health. Instead, we wanted to learn how healthcare can contribute to community-based movements for social change and justice. Though we started by engaging our longtime healthcare partners, we were steadfast in our commitment that the leadership of this work be anchored in the communities; we were also dedicated to a learning evaluation approach, rather than one that prioritized return-on-investment or other rigid, funder-driven metrics. Furthermore, we suspected the community groups would benefit from a flexible planning period lasting at least a year, giving them plenty of time to identify the partners, strategies, and priorities that would serve as their north stars for advancing this transformative work. Thus, the Intersections Initiative was born.

Over the years of the Initiative, our communities persisted through devastating wildfires, draconian implementation of public charge

policies that exacerbated trauma in vulnerable populations, and the onset of a pandemic that stopped our world in its tracks. They organized, reconfigured, doubled down, and advocated for health equity and policy change despite and throughout the obstacles placed before them. Their efforts reinforced our belief that a true focus on building capacity and community power would support impact that continues long after the grant period ends. Now we share their stories and our findings with the field, to contribute to deepening conversations about community power building and the role of healthcare in community change. Our hope is that the Intersections Initiative can serve as a model that inspires other funders and practitioners to continue moving steadfastly upstream.

In unity,

Jason Lacsamana, MPH
Director, Programs and Partnerships
St. Joseph Community Partnership Fund



Photo credit: Piero De Luca, Social Impact Artists

Introduction

The Intersections Initiative, funded by the St. Joseph Community Partnership Fund and co-designed with Prevention Institute, provided four years of flexible funding and technical assistance to community-based organizations and coalitions exploring the roles healthcare and health system partners can play in upstream prevention.¹ Intersections supported partners in seven California communities served by Providence-St. Joseph Health System hospitals to advance health equity by addressing the conditions that shape health, safety, and wellbeing.

These community-led partnerships have built capacity within organizations and among decisionmakers to address social determinants of health like housing, education, economic and workforce development, immigration, community trauma, and civic engagement.² Many partners addressed more than one of these issues, forging diverse coalitions and creating the potential for even greater impact. While all seven funded partnerships entered the Intersections Initiative with different histories of collaboration, community engagement, and advocacy, each built capacity to operationalize practices, redesign systems, and promote policies to dismantle systems of inequity and oppression and advance health and wellness in their communities.

The purpose of this document is to share how Intersections was designed and implemented, to elevate lessons learned from the community partners, and to offer recommendations to grant makers and the public health field.

“Intersections is creating the space for community members to come together, step outside of their comfort zone, and lead the way to upstream prevention. The model of bringing together grass tops and grassroots partners to the table can be very complex and time consuming, however it is necessary in order to advocate for social change that is inclusive and rooted in social equity.”

—High Desert Intersections Partner

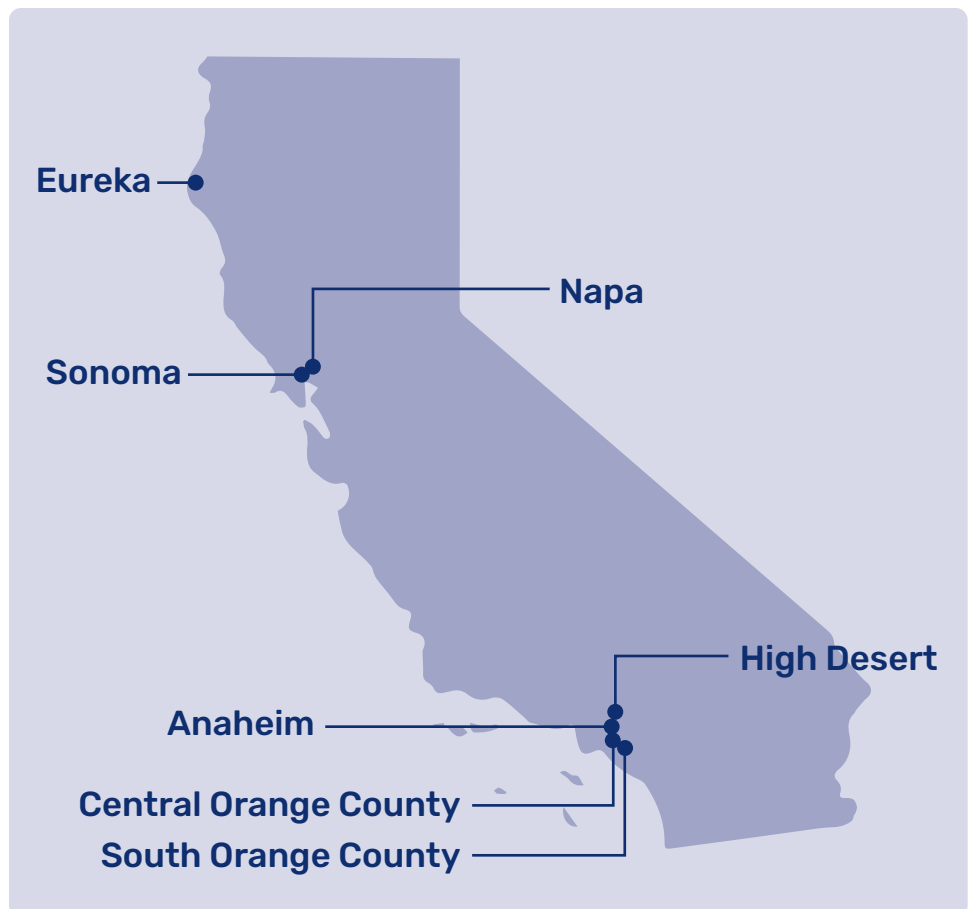




Photo credit: Prevention Institute

Background

In 2016, Prevention Institute (PI) and the St. Joseph Community Partnership Fund (the Fund) began to explore a path for advancing upstream, health equity-driven efforts across Providence-St. Joseph Health hospital partners. For both organizations, this exploration seemed like a natural extension and progression of their respective missions. The Fund works to reduce health disparities and promote equity by investing in systems-level impacts on community health issues and strengthening partnerships and collaboration. A core tenet of the Fund's grantmaking strategy is capacity building (defined as the ability of non-profits and their partners to support their constituencies and have a sustainable presence in the community). PI's mission is to build prevention and health equity into key organizational policies, practices, and actions to foster health, safety, and wellbeing.

As the strategic grantmaking arm of the Providence-St. Joseph Health System (PSJH), the Fund encouraged its hospital partners to move beyond individual interventions and clinical needs (e.g. chronic disease screening, service referral, etc.).³ They recognized the potential power of hospitals and health systems to support or lead actions to advance health equity and improve community conditions through local policy. The Fund decided to leverage their pre-existing relationships with local hospital partners to explore potential partnerships and

pathways for implementing Intersections in their communities. During the development and planning phases, Intersections engaged with seven local PSJH hospital partners (community benefit managers and community health investment managers) in hopes that each would identify a community-based organization (CBO) to serve as the backbone of a multi-sector collaborative.

PI and the Fund did not create a logic model or require certain set goals across the engaged partnerships. Instead, they established **working upstream** and **incorporating an equity lens** as core principles for the initiative, then placed their trust and funding in the hands of the CBOs and their partners.

Working upstream⁴—addressing society’s most intractable issues at their root causes, rather than focusing on their outcomes—is a core tenet of PI’s mission and the Fund’s strategic focus. The best way to address these challenges is through policy and systems changes that can make a positive impact on entire communities. When local partnerships pursue policy and systems change to address social determinants of health like housing, education, and economic development, they must consider historical context, structural drivers, and community trauma to create sustainable solutions rather than putting a “Band-Aid” on isolated issues. This takes time, and cannot be accomplished in two to three year grant periods, not even by the most experienced coalitions. Additionally, Intersections recognized that a policy is not effective until it is implemented in a meaningful way; community support and organizational capacity are crucial to implementation and sustainability.

The Role of Healthcare in Intersections

Hospitals and health systems can play a pivotal role in advancing health equality to address the social determinants of health by supporting local community coalitions. Whether in a leadership role or supporting role, the intersections hospital partners helped connect CBOs with health

system resources—like data sharing and public affairs technical assistance—and served as a powerful advocate for advancing local policy priorities, leveraging their standing in the community as a major institution and employer.

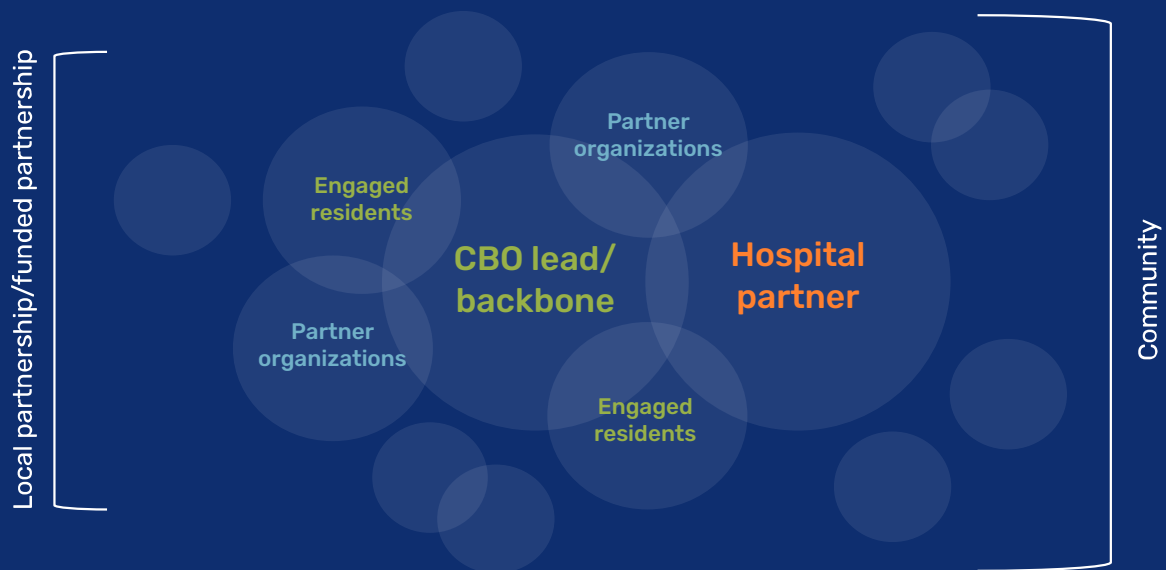
Health equity⁵ means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded, or dismissed from achieving it. Health equity is also defined as the absence of avoidable, unfair, or remediable differences among groups of people, regardless of race/ethnicity, culture, class, national origin, or other means of stratification. In translating health equity from principle to practice, Intersections encouraged partners to explore the root causes of inequities in their communities, engaging those populations who were most impacted.

Initiative Planning and Design

November 2016-September 2017

The Fund and PI dedicated several months to internal discussions and planning before launching the initiative. From the beginning, their guiding philosophy was that the most important aspect of the initiative wasn't what was to be accomplished, but rather, what would be built: the capacity of communities and community organizations to form new relationships, explore needs and possibilities, and exercise power to pursue upstream solutions through policy and systems

Sample Intersections Coalition Structure



Throughout this report, various terms are used to describe individual organizations as well as collective groups of organizations within broader communities; this graphic is designed to provide overarching context for the use of those terms and how they relate to each other within a community's ecosystem.

“The technical support from Prevention Institute, directly and through convenings, was tremendously helpful in understanding how to collectively work together, and [learn about] work that other Intersections sites are doing and share best practices.”

–Central Orange County Intersections Partner

change. Because the Fund already had already been working with partners in these seven communities, they decided to invite them all to participate in Intersections if they were interested in upstream, equity-oriented work, forgoing a formal competitive grant application process.

Technical Assistance and Peer Learning Approach

During the initiative planning and design phase, the Fund and PI also worked to define their roles in supporting the funded partners and facilitating peer learning. The goal of the technical assistance (TA) was to provide tangible trainings, resources, and insights, while recognizing the existing expertise and skills among the local partners. In addition to more formal training opportunities, PI’s TA strategy for Intersections elevated peer learning to allow partners across communities to learn from each other as well. PI also sought to support the local partners in raising and addressing the kinds of tough issues that arise in communities that have been marginalized, disenfranchised, and frequently experience trauma. When diverse partners align to advance upstream prevention and health equity, thoughtful and respectful TA can create opportunities to build resilience and power in communities.

TA/Peer Learning Activities

Training	Peer Learning	Direct Site Support
Foundational tools Special topics: <ul style="list-style-type: none"> • Racial justice • Introduction to policy advocacy • CARES and ARPA opportunities Optional trainings by external consultants (e.g. Liberating Structures)	Annual convenings Site-to-site connections made on common topics/issues Cohort calls for: <ul style="list-style-type: none"> • Hospital partners • Backbone organizations • Partners working on housing • Partners working on education and LCAP opportunities • Partners working on redistricting • Partners working in Orange County 	Monthly coaching calls Regular in-person meetings (frequency depending on geographic location) Annual site visits Technical communications support for sites as requested



Photo credit: Sonoma Intersections Coalition

Planning

Action Planning Period

October 2017-March 2018

The Fund and PI embarked on a two-part planning phase to allow local partners in the seven communities to spend time exploring potential collaborations and priority issues and actions. This approach also allowed the budding partnerships to influence and shape how PI and the Fund thought about the initiative, within the guardrails of the core principles and guiding criteria. All partners that engaged in the planning period received funding.

During the Action Planning Period (APP), PI co-hosted regional convenings within the seven communities with then-St. Joseph hospitals to share the principles of the Initiative and spark discussion. Subsequently, the hospital partners convened residents, CBOs, and other agencies to explore priority focus areas and to identify a CBO to lead the work as a “backbone organization.” In some cases, the hospital served as the backbone organization. In most communities, the hospital partners were already connected to or had a clear sense of which organization was ready to build a collaborative compatible with the philosophy of Intersections. In others, the search for the right CBO to lead the work continued into implementation. The Fund understood

healthcare organizations have to primarily focus on the delivery of healthcare services, so while they were encouraged to participate, it made most sense to build the capacity of CBO partners to carry forward the long-term strategy and vision where possible.

Following those half-day convenings, the hospital partners identified additional partners and established a regional partnership to engage in the initiative, building on existing community priorities and efforts. PI also introduced key foundational tools to support the local partners in developing their proposals so that they could begin to incorporate core concepts and frameworks. This TA was intended to build capacity from the earliest stage and ensure partners were willing to commit to the upstream direction before deciding on strategies and activities. Tools shared during the APP included:

- **Tool for Health and Resilience in Vulnerable Environments (THRIVE)**⁶
THRIVE enables communities to determine how to improve health and promote health equity. It is a framework for understanding how structural drivers, such as racism, play out at the community level in terms of the social-cultural, physical, economic, and educational environments. THRIVE is also a tool for engaging community members and practitioners in assessing the status of community determinants and prioritizing them to take action.
- **Adverse Community Experiences and Resilience (ACE|R)**⁷
The ACE|R framework provides context for understanding the relationship between community trauma and violence, outlining specific strategies to address and prevent community trauma and foster resilience.
- **Spectrum of Prevention**⁸
The Spectrum of Prevention is a tool that promotes a systematic approach to prevention, highlighting the value of a multi-pronged approach including individual and community education to augment organizational and policy change efforts.

The trainings on these tools allowed the Fund and PI to acknowledge the role of trauma in historically and structurally disadvantaged communities, while outlining possible frames for taking action on community-based priorities. In addition to providing tangible ideas for approaching their work, these trainings also helped the hospital and community partners to think outside the confines of clinical and programmatic spaces as they grappled with difficult topics and built consensus around the need for upstream solutions to address root causes.

“Community trauma is a constant in the lives of lower income families that have had to live in challenging and under-resourced neighborhoods. For our residents, this is precisely the reason why they engage and partner with us to advocate for the systemic change and much needed investment to help transform and improve their communities.”

–Central Orange County Intersections Partner

PI also made itself available to partnerships throughout the APP as needed, sometimes working with the hospital partner or the backbone organization to shape coalition agendas, and other times participating in collaborative discussions to provide real-time feedback and guidance. At the end of the APP, partnerships were asked to submit an initial 3-5 page proposal that outlined which organizations would be part of the initiative, and which issues they wished to explore.

Strategic Planning Period

April 2018–November 2018

Following the APP, partnerships were invited to engage in a second planning period—the strategic planning period or SPP—that would build on the initial ideas and agreements of the APP, but would provide time, funding, and technical assistance to address deeper strategy questions and unpack partnership tensions often sidelined in standard, competitive processes. Local partnerships were asked to “form and storm,” intentionally and explicitly considering the challenges of working upstream, as well as identifying dynamics between partners and organizations. The goal was to surface these important tensions early on and begin to address them proactively. To that end, the Fund and PI continued to facilitate discussions with potential partners, as requested, to familiarize them with the initiative as a whole, to think about which roles and responsibilities made sense for each partner, and to select the priority issue(s) they were going to address in their communities.

This time period ultimately prepared the local partners to submit a more formal Request for Partnership, so named (as opposed to Request for Proposals) to emphasize the non-competitive and

collaborative nature of the opportunity. It also signaled a commitment among the local partnerships, PI, and the Fund to an ongoing relationship founded on honest communication and support. In the Requests for Partnerships, applicants identified their backbone organization, described the role of the hospital partner, named additional partners (who were required to receive a percentage of the funding), and included a flexible plan of implementation activities that related to their stated goals. PI provided support to the partnerships as requested in completion of the Request for Partnership.



Photo credit: Community Leaders Coalition



Photo credit: Sonoma Intersections Coalition

Implementation

December 2018–December 2021

Over three years, local partners implemented their plans. Some launched into implementation priorities immediately, while others spent the early months continuing to explore potential partnerships, engaging residents, and identifying a backbone organization—in one case, making the difficult but necessary decision to bow out and make space for another organization to take the lead that was better connected to the community and better positioned to work upstream.

While the lines between planning and implementation were blurry for some, during this phase, all local partners began pursuing their upstream, equity-focused goals while building organizational and partnership capacity for long-term sustainability. Each funded site received \$200,000 per year to support the work, with the backbone organization receiving the initial disbursement of funds, and a certain percentage went out to other partners to back their participation.

Spotlight on Housing

Like much of the country, California has long been experiencing a housing affordability and availability crisis. Housing and homelessness are of deep concern to hospitals and health systems, as people

Intersections Partnerships at a Glance

ANAHEIM

Advancing Racial Justice through Community Engagement and Education Policy and Practice

Intersections Anaheim led by Orange County Congregation Community Organization in partnership with St. Jude Hospital – Anaheim – Providence

CENTRAL ORANGE COUNTY

Expanding Economic Investment Opportunities and Advocating for Land Use Policy to Address Housing Affordability

Central Santa Ana/Stanton Intersections Initiative led by the Kennedy Commission in partnership with St. Joseph Heritage Santa Ana – Providence

EUREKA

Improving Housing Availability and Affordability through Workforce Development and Local Planning Policies

Greater Eureka Housing Alliance led by Westside Community Improvement Association in partnership with Providence St. Joseph Hospital Eureka

HIGH DESERT

Re-envisioning a Revitalized High Desert by Building Partnerships to Advance Housing, Education, and Economic Development Policy Priorities

High Desert Intersections Collaborative led by Providence St. Mary Medical Center and Global Institute for Public Strategies

NAPA

Increasing Social and Political Capital to Advance Equity through Civic Engagement

Community Leaders Coalition led by Cope Family Center in partnership with Providence Queen of the Valley Medical Center

SONOMA

Advancing Trauma-Informed Housing Equity through Tenant Organizing and Policy Advocacy

Sonoma Intersections Coalition led by Providence Santa Rosa Memorial Hospital

SOUTH ORANGE COUNTY

Creating Community-Driven Collaborative Structures to Advance Equity

South Orange County Equity Leaders Coalition led by Providence Mission Hospital

experiencing homelessness are often high utilizers of uncompensated care.⁹ However, addressing housing from an equity perspective is not just about solving short-term needs by distributing housing vouchers or even building new housing. Intersections partners that focused on housing were interested in identifying the root causes of the crisis in their communities and addressing them through upstream strategies.¹⁰ For example, they advocated for housing policy reform, including increased funding for affordable housing, stronger tenant protections, and fair residential zoning. They took on financial institutions' discriminatory lending practices, and championed

higher wages and workforce development opportunities. These strategies aligned with a broader movement towards racial justice, as discriminatory housing, lending, and employment policies have all worsened the housing crisis, with particularly devastating impacts in communities of color.

“This understanding of racism in the systems has allowed partners to grow and question existing policies and strategies that they advocated for in the past. One example has been around zoning and minimum lot size requirements that were a form of redlining. Through the new understanding of local systems, many of the members recognized their role in creating inequities in the housing market and are now working to rectify it. This ability to speak about [racism in] the systems in a new and more open way is huge, and it is a direct result of the Intersections Initiative.”

–High Desert Intersections Partner

Housing Strategies across Prevention Streams

Upstream	<ul style="list-style-type: none"> • Addressing discriminatory policies and practices within housing administration • Advocating for livable wages and local economic development opportunities • Influencing local, regional, and state zoning and housing policy in support of affordable and accessible housing • Identifying funding streams to support housing development in local communities
Midstream	<ul style="list-style-type: none"> • Providing transitional housing services • Assisting with short-term housing placement • Building housing for patients with complex housing, health, and social needs
Downstream	<ul style="list-style-type: none"> • Providing emergency housing vouchers • Funding shelters for people experiencing homelessness

Tackling the Triple Pandemic

Originally, the implementation phase was meant to last two years and end in December 2020. However, during the summer of 2020, as partners grappled with COVID-19, economic implications of the pandemic, and the uprising in support of racial justice, the Fund and PI added a third year of implementation. During a series of site visits conducted virtually in the summer of 2020, the challenges and opportunities the seven Intersections communities faced became clear. The Fund recognized that the local partners needed continued flexible funding to remain stable and increase policy advocacy leadership in their communities. Building on the groundwork laid in the previous years, they were in a unique position to advance policies and practices that addressed the root causes of inequities laid bare by COVID-19.

“Non-programmatic funding provided flexibility for the Grassroots Committee to evolve in response to the pandemic and for partner organizations to participate in collaborative advocacy and community engagement based on their own capacities rather than according to a predetermined model. The commitment to fund this initiative over multiple years helped to bring a wider range of partner organizations to the table, including some who have not historically engaged in upstream strategies to advance health equity.”

—Anaheim Intersections Partner

Because Intersections was founded on health equity and community engagement, the local partners were already using social and racial justice approaches to advance their work. Their expertise and grounding in this space made them key drivers of local anti-racism efforts in 2020, especially supporting local jurisdictions to declare racism as a public health crisis. PI provided technical assistance for framing their health equity and racial justice work, using its Building Bridges report as a guide and an equity framework highlighting distributional, procedural, and structural equity as levers for advancing work at the local level.¹¹

“We cemented our focus on racial justice during an extended planning phase, as we grappled with the difference between service-oriented programs and upstream strategies. Though difficult at times, this process helped to build a shared understanding of racial justice. As a result, the primary criteria for adding new organizations to our partnership are commitment to equity and anti-racism and dedication to policy and systems change. We bring our racial justice lens [as we work towards] our goal to end racism and all forms of discrimination in the public school system.”

–Anaheim Intersections Partner

While some Intersections partners were at the table when local decisions about the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding distribution were made, those allocations happened quickly and in some places with little transparency. When the opportunity arose for a subsequent round of funding through the American Rescue Plan Act (ARPA) in 2021, PI coordinated with PSJH’s government affairs team to offer a series of informational webinars and discussion opportunities. This technical assistance helped sites plan for mobilizing community residents and partners to advocate for distribution of resources towards causes related to their core work. Many Intersections partnerships reported over the course of the initiative that they had greater advocacy success at the city level. However, as most major funding decisions are made by counties, the ARPA opportunity pushed them to further engage decision makers at that level. Advocacy tactics included submitting a joint letter to the Orange County Board of Supervisors, cosigned by all three Orange County Intersections partnerships and Providence-St. Joseph; making public comments at hearings related to funding decisions in the High Desert; and holding meetings with individual supervisors while developing an op-ed with support from Prevention Institute for the local newspaper in Napa. In Napa County, \$3M of \$22M ARPA dollars received were ultimately allocated towards the priorities the Community Leaders Coalition put forward.



Photo credit: Sonoma Intersections Coalition

Learnings

The outcomes and accomplishments of the seven Intersections partnerships are reflected throughout this document and in additional resources. From the beginning, PI and the Fund demonstrated their commitment to using the four years to better understand how this type of work unfolds in different communities, each with unique experiences working upstream, varying levels of engagement with residents, different experiences working in multi-sector partnerships, and more. Despite the specific community context of each Intersections partnership, consistent themes emerged across sites. PI and the Fund analyzed conversations, site visits, and biannual grant reports. These lessons are offered here for community organizations and coalitions, hospitals and health systems, funders and grant makers, and others working to advance health and wellness in their communities.

Building Capacity and Collaboration

Through Intersections, PI and the Fund sought to strengthen capacity by developing leadership among organizations and residents, while bolstering long-lasting structures and partnerships. Investment in CBO and community partnership capacity allowed groups to focus their resources on working upstream to create equitable, sustainable impact. The two-part planning phase provided

an opportunity for CBOs with a strong foothold in the community to take on leadership of the work as the backbone organization, in most cases, and gave space for creating or supporting local partners to take on the work. The experiences of the Intersections sites provide a few possible pathways for new and existing coalitions to identify a backbone organization capable of focusing on upstream policy advocacy and systems change work to achieve and sustain equitable health outcomes.

“Sonoma Intersections Coalition brought together key community organizations and individuals to recognize that at the heart of a healthy life lies access to housing. The Coalition acts as a convener to collectively address the disconnect between health and housing and, by aligning efforts and sharing information across sectors, the Coalition has elevated the conversation around Sonoma County’s most pressing issue.”

–Sonoma Intersections Partner

In some communities, a coalition already existed that was a good fit for the upstream mission—the Community Leaders Coalition in Napa is one such example. In other communities, it made the most sense for the hospital partners to serve as the backbone organization for a new coalition, particularly in communities like Sonoma where it was decided a new configuration of partners was necessary to pursue housing equity, giving rise initially to the Sonoma Intersections Coalition. In communities like Anaheim and South Orange County, the road to identifying a coalition or lead agency to build a coalition was bumpier. The original lead CBO identified in Anaheim was so fundamentally service-oriented in its original mission that it couldn’t pivot or expand to work upstream; a new organization, Orange County Congregation Community Organization, was chosen to leverage its history of advocacy and community engagement to build a new coalition to work upstream. In South Orange County, the local non-profit landscape was not well developed, and an obvious backbone organization was not apparent. The local hospital partner spent the first few years of Intersections investigating possible organizations

or coalition formations. Ultimately, after conversations with Napa's Community Leaders Coalition, South OC decided to replicate their own version of a coalition led by like-minded local community-based organization leaders, with a focus on working together to identify common priorities and engage residents. While some of the other sites did this in the planning phase, it took longer to lay the groundwork in South OC. However, the Fund and PI continued to engage and support this process, in alignment with Intersections' philosophy of meeting communities where they were.

"Our journey has been a roller coaster experience. In the middle of Year 2, with support from Prevention Institute and the Fund, we [paused] to refocus our efforts on upstream work to support our community. Those discussions led to the formation of the SOC Equity Collaborative. By the time the Collaborative came together in December 2020, we placed racial justice at the center of our process for developing a shared analysis and agenda, and we integrated the need for upstream strategies to advance racial justice into our work from the start."

—South Orange County Intersections Partner

The Intersections partnerships pursued collaboration from various starting points, as described above in the process of identifying a backbone. Most sites did advance their work through a traditional partnership structure, whether through a coalition that already existed, a coalition that adapted and expanded, or a coalition that was created. And while the development and sustainment of a thriving coalition is one indicator of success, some sites took a different path to advance their goals. The Westside Community Improvement Association in Eureka, which had long engaged residents and partners through the Fund's Community Building Initiative, did not convene a traditional multisector coalition with standing meetings and pre-established roles.¹² Instead, it referred to its partners as a "kitchen cabinet," or a group of partners whom they could call on to advance relevant strategies and would keep abreast of their work as it moved forward (also sometimes called a network approach to collaboration).

Because of the history and the small-town environment, working in this way proved to be successful for the partners in Eureka in advancing policy aims related to housing and workforce development.

“From CBI through Intersections, coaching and mentoring in team building were critical to becoming who we are today and knowing our place when we wound up at the table. The Fund believed in us when we were just a rag tag little board trying to learn how to run a community center. We are still those folks, but [these initiatives] have been an opportunity that helped us gain community credibility.”

–Eureka Intersections Partner

Building the Collaborative Capacity of Healthcare

As healthcare becomes more involved in community-based coalitions, it is important for both the organizations and the individuals engaged to think carefully about what good partnership looks like and how that impacts the role they should play in their specific community. Health systems are major employers in many communities, in some cases, the largest employer; their internal practices and priorities have ripple effects in terms of finances and perceived power. Similarly, doctors are well regarded in communities and can have significant sway in an advocacy capacity.

These are strengths that can be brought to bear in financing community work or supporting advocacy goals. However, true community-based advocacy work is led by community residents. Healthcare should reflect on power dynamics that may exist when they participate in partnership work, and also be aware of any history of inequitable or racist practices that may have sown distrust within the community.¹³ Coming to the table with humility and awareness of community context and history is the best way for healthcare to play a meaningful and respectful role in community advocacy.

“We realized early on that as a Coalition, we could not address racial justice head-on without first doing some purposeful, internal work so that members felt confident in their abilities to collectively address racial justice in all forms.”

–Napa Intersections Partner

By the end of the implementation period in December 2021, almost every site demonstrated increased capacity to work upstream in their communities, through the growth of the backbone organization and coalition, increased and sustained community engagement and leadership, and new and strengthened relationships with local policy makers and decision makers.

Key lessons:

- **A thoughtful, responsive planning period is necessary** to establish foundational principles and approaches, identify an appropriate backbone organization, and define or refine coalition rules and structures.
- **There is no one-size-fits-all approach to collaboration;** allowing for variance in structure that reflects the needs and realities of the community, rather than a funder-determined configuration, is more likely to result in sustainable partnerships.
- **Don't be afraid to change directions or start over,** whether that means looking for a new backbone organization, transitioning the work to a different coalition, or changing and evolving strategic direction.

Incorporating an Equity Lens

Incorporating an equity lens was a foundational principle of Intersections, which meant digging deep to understand the root causes of poor health and trauma within communities. PI's THRIVE and ACE-R tools provided language and framing for exploring root causes of inequity and community trauma, especially in the planning period, as partnerships grappled with the histories and contexts of their communities, and how those impacted health and wellbeing outcomes.

From the beginning of the Intersections Initiative, there was an expectation that partnerships include core partners who were deeply connected to community residents. This commitment to authentic community engagement to advance equity meant centering Black, Indigenous, and People of Color (BIPOC) communities, recognizing they are most often inequitably impacted by unjust policies and practices. Partnerships were asked to compensate community members and CBOs so that they could meaningfully engage in the initiative.

“Our inception as an organization was a community-based project, our most highly acclaimed efforts have been the result of community organizing and resident leadership development. We may sit at high and mighty tables, but we remember to dance with who brought us, and continue to genuinely represent the desires of the dear neighbor.”

–Eureka Intersections Partner

Most Intersections partnerships advanced effective community engagement and moved towards community leadership. The partnerships that were most intentional and successful at doing so created sustainable infrastructure for their work and were better equipped to navigate challenges like staff turnover or organizational change.

Intersections’ equity lens served as a unifying thread from planning into implementation. The work of the partnerships mirrored these three equity objectives:¹⁴

- **Procedural equity:** Transparent, fair, and inclusive processes with additional opportunities for those who are disproportionately impacted. Procedural equity involves acknowledging imbalances in power and technical expertise that often exist when historically marginalized communities engage with public agencies in decision-making.
- **Distributional equity:** Fair distribution of resources, benefits, and burdens; prioritizes resources for communities experiencing the greatest inequities. Distributional equity is guided by quantitative and qualitative data and allocates goods, services, and other resources in a manner that creates fair opportunities for health and wellbeing for all.
- **Structural equity:** Address underlying structural factors and policies that gave rise to inequities, making a commitment to correct past harms and prevent future unintended consequences. Structural equity exposes deep factors related to power that perpetuate disadvantage within systems and then reverses these inequities through a combination of new norms, policies and/or representation.

Sample Intersections Community Strategies to Advance Equity*

Procedural	Distributional	Structural
<p>Napa: Advanced local procedures so city council and county supervisors' meetings were more accessible to the public; worked to have ballot drop boxes located in more communities; pursued Census registration countywide and in targeted communities</p> <p>Anaheim: Worked to embed equity in the Local Control and Accountability Plan (LCAP)</p> <p>South OC: Creating a coalition of equity-focused organizations</p> <p>High Desert: Worked to embed equity in the Local Control and Accountability Plan (LCAP)</p>	<p>Sonoma: Advocated for distribution of PG&E settlement funds to vulnerable and BIPOC communities</p> <p>Napa: Advocated for equitable distribution of ARPA funds to prevention-focused programs</p> <p>All OC sites: Advocated collectively for equitable distribution of ARPA funds</p> <p>Napa and Anaheim: Supported local efforts related to redistricting</p>	<p>Eureka: Advocated for equitable housing approaches as part of the city's general plan and zoning code</p> <p>Sonoma: Formed the Santa Rosa Tenants Union</p> <p>Central OC: Worked to reverse discriminatory lending practices; advocated for affordable housing development</p> <p>High Desert: Advocated for policies to advance equitable economic development</p>

**Many strategies overlap multiple categories and not all strategies implemented are presented here. This chart is intended to provide a high-level overview of how the work of the community partnerships relates to the three equity objectives.*

Key Lessons

- **BIPOC communities must be centered in equity-driven initiatives**, even if strategies are intended to be implemented across broader geographic jurisdictions, like cities or counties. These communities are most likely to be impacted by inequitable policies and systems and must be key leaders in advancing solutions that address these problems.
- **Equity in action is about building power** by creating inclusive processes, sharing and distributing resources with intent, and sustaining progress through structural changes; having a sample framework that defines these approaches can help partnerships convey their impact to partners and decisionmakers.
- **Organizations and collaboratives should identify opportunities for internal reflection and training**, especially around issues like racism, and dedicate themselves to addressing equity within their own structures.

“Intersections allowed us to have the dedicated resources and space to really look at how to grow and expand our work of mobilizing the community to take collective action on policies and issues that affect their lives. From the onset, increasing capacity and civic engagement strategies were always at the forefront of how we looked at addressing issues. To be upstream, we needed time and resources to being expanding our network, to cultivate relationships across sectors and communities, and to seek capacities and technical assistance that enhanced our ability to advocate.”

–Napa Intersections Partner

Pursuing Systems Change and Upstream Impact

PI and the Fund observed that by encouraging the partnerships to take their time in identifying which social determinants they wanted to address and how, they were more likely to consider multiple, overlapping issues, and ultimately choose to pursue more upstream solutions. For example, if a partnership was focused just on housing, they might be drawn to implementing a midstream solution of a housing vouchers and referral system, whereas if they were focused on housing but also considering how financial institutions impacted who could access housing, they might seek to address discriminatory lending policies, as the partnership in Central Orange County did.

Even with a strong commitment to pursuing upstream approaches, partnerships can encounter challenges in implementation. Unplanned, urgent needs can derail or delay the implementation of upstream strategies. The onset of the COVID-19 pandemic challenged many of the Intersections CBOs and partners by forcing them to pivot some of their time and attention to addressing urgent financial, food, and health needs. The Sonoma and Napa sites had switched gears in response to wildfires more than once during the planning and implementation phases. However, almost every partnership was able to continue moving forward with their original priorities, leaning on their coalition, and taking advantage of the opportunities presented by an increased national and local focus on racism as a public health

issue, as well as advocacy for ARPA funds in communities, to advance equity-oriented strategies. Community engagement and leadership were also crucial in sustaining upstream work in uncertain times.

For healthcare to help advance upstream strategies that address root causes in communities, they must stretch beyond a traditional service provider role to have the most impact. As the partnerships moved from planning into implementation, the local hospital partners provided support by sharing data, connecting with other partners and decisionmakers, providing space for meetings, and signing on to advocacy efforts put forth by the partnerships. In a few cases, the hospital partners also provided staff time to the coalitions for administrative tasks and even coalition coordination. In all cases, the hospital partners looked for opportunities to build or support the capacity of community-based organizations, coalitions, and residents to sustain the work.

PI and the Fund observed that the hospital partners were more comfortable with a long-term, upstream oriented process and agenda than they might have been otherwise because the Fund was providing the financial support for the partnerships, rather than that funding coming directly from their own community benefit budgets. This removed some of the pressure to show short-term outcomes to prove an immediate return on investment; when healthcare partners do feel this pressure, they may be more inclined to push midstream solutions that can be easily quantified from an outcomes and financial impact perspective.¹⁵



Photo credit: Prevention Institute

Themes from Hospital Partner Surveys

<p>1. How hospital partners supported or influenced the strategic direction of partnerships</p>	<ul style="list-style-type: none"> • Participated in meetings, particularly for strategic planning • Advocated for resident engagement • Helped strengthen goals and objectives for implementation • Helped identify or connect with additional partners • Some are serving as both ministry lead and backbone organization
<p>2. Unknowns or challenges surfaced</p>	<ul style="list-style-type: none"> • Navigating partnership dynamics • Limited bandwidth among partners • Developing and establishing a coalition infrastructure, including defining partner roles and responsibilities • Understanding and keeping the focus on true, upstream prevention and coming to consensus as a collaborative (rather than approaching the work with individual agendas/ agency hats) • Public perception and communications – particularly balancing “getting the word out” about the coalition’s work with keeping the work focused and deliberate
<p>3. The value of the Intersections work in broader community benefit strategy</p>	<ul style="list-style-type: none"> • Strategies to advance work on SDOH and mental health • Shines a light on upstream community determinants of health and the importance of addressing root causes • Impacts local public policy • Intersections work supports/is related to broader community benefit strategy
<p>4. Peer learning opportunities and interests</p>	<ul style="list-style-type: none"> • How Intersections work connects to broader community benefit priorities • How hospital partners have communicated the work to leadership • Housing policy-related challenges • Community engagement and resident empowerment strategies • Partnership development and dynamics • General challenges that other hospital partners have faced and/or overcome

“Upstream work is a long-term commitment and we have only really begun.”

–Napa Intersections Partner

In addition to support from hospital partners at the local level, Intersections drew on skills and capacity from the Providence-St. Joseph Health System to advance upstream solutions. Early in the implementation phase, the local hospital partner in Napa connected the Community Leaders Coalition to the health system’s director of government and public affairs to help them refine their strategy for engaging local elected officials, including providing support for talking points, letters, and position statements. As the partnerships increased their policy efforts related to local eviction moratoriums, budget advocacy opportunities, and declarations of racism as a public health crisis in 2020, PI saw an opportunity to scale this model across the initiative. The technical support provided with PSJH’s government affairs team was critical to preparing the Intersections partnerships to advocate for CARES and ARPA funding to advance their priorities, leveraging a system-wide resource to advance upstream impact.

Key lessons:

- **The journey to upstream change is long;** take time to dig deep on structural issues and be intentional about building capacity to generate more impactful, sustainable policy and systems strategies.
- **Focusing on a single social determinant of health can be a trap that leads to midstream solutions.** Considering intersecting determinants provides richer context for identifying root causes and advancing upstream strategies.
- **When partnerships have a strong commitment to equity and community-centered solutions, they are better equipped to weather emergencies and other challenging events.**
- **Healthcare can play a meaningful role in advancing systems change and upstream impact,** especially if they are prepared to stretch beyond a traditional service providing role and consider opportunities to leverage system-wide resources.



Photo credit: Sonoma Intersections Coalition

RECOMMENDATIONS FOR FUNDERS AND GRANT MAKERS

“The biggest outcome has been the building of a solid foundation, the cultivating of important relationships, and learning to better leverage opportunities and resources that will lead to systemic changes.”

—Napa Intersections Partner

The Intersections Initiative built on lessons learned from other statewide and national initiatives dedicated to advancing policy and systems change with support from healthcare. Analyzing successes and challenges in those experiences was pivotal to the strategic planning and approach from the beginning. PI and the Fund offer these learnings from the partnerships and the following recommendations in service of other funders, grant makers, and initiative designers.

Co-design the initiative with communities through conversation during an extended planning phase.

Power dynamics surface immediately in any initiative where community funding comes from an external source, be it a private donor, government agency, or philanthropic organization. Aware of potential power dynamics, and eager to support and grow a community-based and -driven initiative, the Fund approached Intersections’ design and implementation in a unique way, recognizing its structure and process were integral to advancing this localized equity work.

The planning phases gave the communities time to determine which roles made most sense for partners given their capacity, or the staff

time they were realistically able to dedicate to Intersections. One of the stipulations of the planning phase was to allocate funding to community-based partner organizations, not just the backbone, so their time and effort would be compensated accordingly. The planning phases also gave the seven partnerships time to think through their proposed goals and strategies. Some groups knew immediately what they wanted to address (e.g. housing); some knew they wanted to address housing, but also wanted to explore factors like trauma, financing, or workforce development; still others explored using civic engagement to build a platform for a variety of issues in the long term.

Consider a non-competitive application process.

Because the Fund already had a pre-established constituent community of seven legacy hospitals from the original St. Joseph hospital footprint, all seven communities were invited to explore what participating in Intersections would mean for them. As long as they committed to pursuing upstream, equity-focused policy and systems change, and identified a workable partnership structure, each advanced to implementation without having to compete with each other for limited spots. While designing a non-competitive application process is not feasible for all funders and grant makers, the Fund identified several benefits to this approach. First of all, the communities weren't pressured to rush their process or commit to a design that might not work for them. Secondly, it allowed some "non-traditional" communities to be funded, like Eureka and the High Desert—areas often passed over for organizations and coalitions in bigger cities. Finally, by making participation voluntary based on a mutual understanding of guiding principles—principles that were made clear over a long period of time through conversations and trainings—Intersections avoided the occasional pitfall of including a downstream or service-oriented grantee to achieve geographic or topical diversity.

Approach evaluation as a collaborative learning opportunity.

In addition to being a capacity building initiative, Intersections was designed to be about learning. PI and the Fund used these four years to analyze and understand how this work unfolds in different communities, starting with varying experience working upstream, co-leading with community residents, serving as fiscal agents, leading multisector collaboratives, and more. There was no expectation of a one-size-fits-all approach to the work.

“Sustainability is maintaining the community commons... keeping our doors, our arms, and our hearts open.”

–Eureka Intersections Partner

Many initiatives expect organizations and coalitions to demonstrate measurable outcomes within one grant cycle. When these specific outcomes are achieved, it shows the grantee’s strategies were successful and signals to the funder that their investment was sound. For this reason, many funders prefer grant applications that propose strategies with easily measured outcomes. Consequentially, grantees are less likely to propose innovative or risky strategies where success cannot easily be measured or attained a short funding timeframe. For PI and the Fund, it was most important that the proposed work was upstream and community-driven. The initiative period and follow-up would allow time to examine what worked and why, what didn’t work and why, and lessons for the future.

Conclusion

Building capacity for pursuing sustainable equity is a long game, not a discreet funding cycle. A true process of engagement and learning can and should continue on where there is will on behalf of the funder, the intermediary, and the funded communities. The seven Intersections partnerships—geographically and demographically diverse from each other—traveled unique journeys and impacted their communities in different ways that cannot be reduced to a single playbook. Even so, they experienced common challenges, opportunities, and facilitators of success, which are shared throughout this report. While this document primarily highlights the Intersections Initiative as funded from 2017-2021, PI and the Fund remain committed to sharing and elevating the stories and work of the partnerships moving forward. Since the conclusion of the formal funding period, the local partners have continued to advance policy advocacy efforts, with ongoing community and civic engagement identified as key facilitators of their momentum. Through this approach, their work will grow and be sustained.

For more information on the Intersections Initiative, and the stories of the seven partnerships, please visit <https://www.preventioninstitute.org/intersections-initiative>

REFERENCES

1. Castrucci, B. C., & Auerbach, J. (2019). Meeting individual social needs falls short of addressing social determinants of health. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/forefront.20190115.234942/full/>
2. World Health Organization. Social determinants of health. <https://www.who.int/teams/social-determinants-of-health>
3. Lacsamana, J., Viera, S., Miller, K., & Lockhart, S. (2019). From emergencies to equity: The growing role of hospitals in community health. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/forefront.20190930.475240/full/>
4. Aboelata, M. J., Rivas, R., Williams, L., & Yañez, E. (2020). Building bridges: The strategic imperative for advancing health equity and racial justice. Prevention Institute. https://www.preventioninstitute.org/sites/default/files/publications/PI_Racial_Justice_Paper_063020_D.pdf
5. Prevention Institute. THRIVE: Tool for health & resilience in vulnerable environments. <https://www.preventioninstitute.org/tools/thrive-tool-health-resilience-vulnerable-environments>
6. Davis, R., Pinderhughes, H., & Williams, M. (2016). Adverse community experiences and resilience: A framework for addressing and preventing community trauma. Prevention Institute. <https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing>
7. Prevention Institute. The spectrum of prevention: Developing a comprehensive approach to injury prevention. <https://www.preventioninstitute.org/publications/spectrum-prevention-developing-comprehensive-approach-injury-prevention>
8. Lacsamana, J. (2021). To support health equity, let's rethink how foundations evaluate grantees. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/forefront.20210225.264774/full/>
9. Prevention Institute's Moving Upstream. (2021). Equitable housing is key to health. <https://preventioninstitute.org/podcasts/equitable-housing-key-health>
10. St. Joseph Community Partnership Fund. Community Building Initiative. <https://stjosephcbi.org/>
11. Weil, A. (2020). The social determinants of death. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/forefront.20200603.831955/full/>
12. St. Joseph Community Partnership Fund. Community Building Initiative. <https://stjosephcbi.org/>
13. Weil, A. (2020). The social determinants of death. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/forefront.20200603.831955/full/>
14. Aboelata, M. J., Rivas, R., Williams, L., & Yañez, E. (2020). Building bridges: The strategic imperative for advancing health equity and racial justice. Prevention Institute. https://www.preventioninstitute.org/sites/default/files/publications/PI_Racial_Justice_Paper_063020_D.pdf
15. Lacsamana, J. (2021). To support health equity, let's rethink how foundations evaluate grantees. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/forefront.20210225.264774/full/>

Promoting health, safety,
and wellbeing through thriving,
equitable communities.

preventioninstitute.org

PREVENTION
INSTITUTE