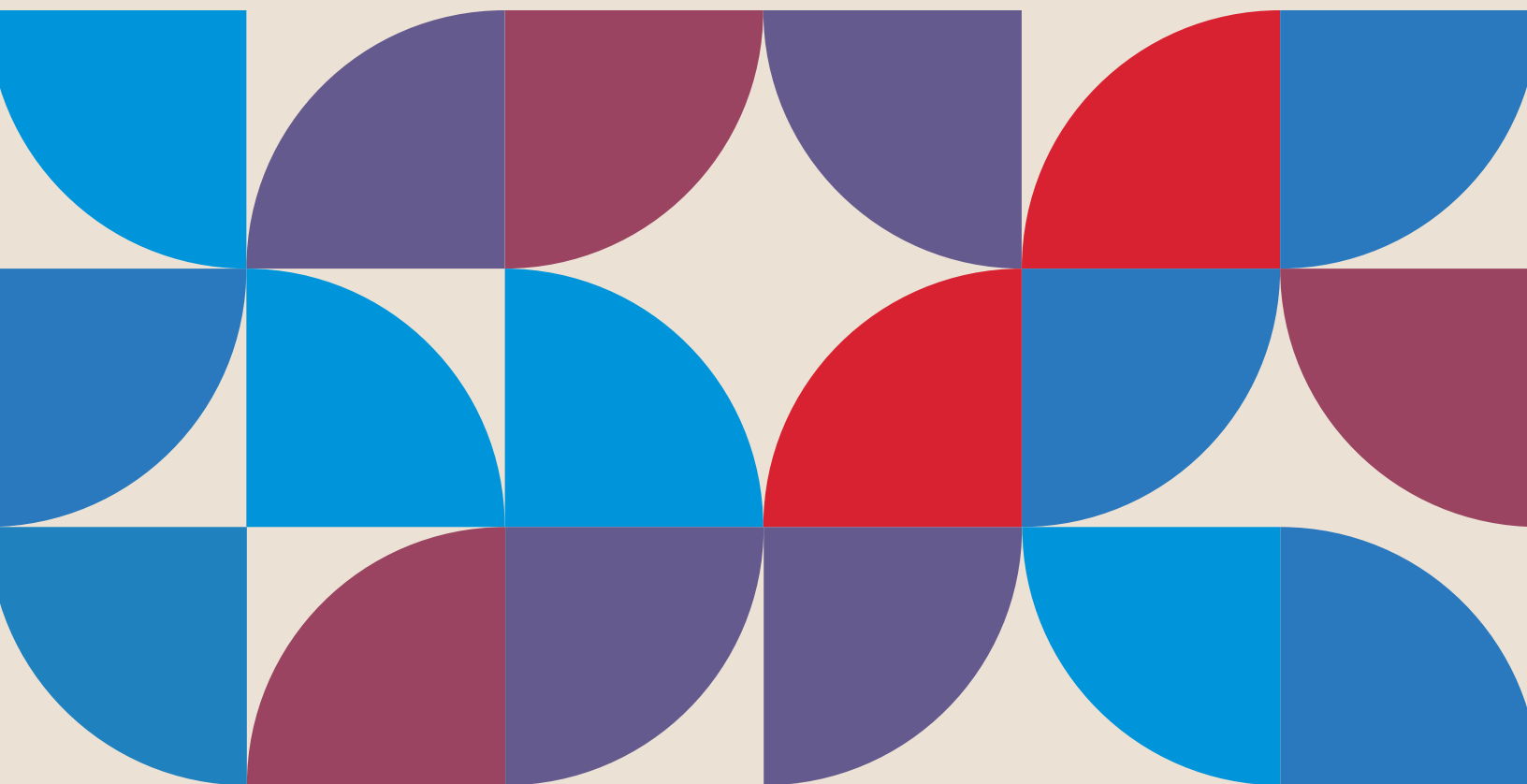


Toward Equity-Focused & Community-Centered Multisector Collaborative Capacity

A Blue Shield of California Foundation Learning Paper



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2017 represented a pivotal shift for the Blue Shield of California Foundation (BSCF). To maximize impact for California communities, BSCF's new strategic plan adopted that year moved away from largely supporting direct services to focus on more upstream solutions to advance health equity and prevent domestic violence. The decision set in motion an exploration of new approaches and new partners to help realize BSCF's vision future of equity, health, and prosperity for all Californians.

In the years since 2017, these early investments have yielded a range of useful learning to inform a clear approach focused on systems change and prevention strategies to advance health equity and end domestic violence. Namely, that meaningful change happens when public systems and communities are actively engaged in dialogue about the best ways to prevent health inequities and domestic violence. Low-income communities of color experiencing the most disparities must be centered within systems change. These communities together with institutional partners from multiple sectors who are positioned to address root causes of these disparities and leverage collective strengths can be a powerful vehicle for systems change. And, finally, philanthropy has a role in setting the table, supporting innovation, fostering learning, and ultimately accelerating and scaling change.

This Paper

This paper zeroes in on learning particularly focused on BSCF's investments in multisector collaboration (MSC), which includes support for several health-focused multisector collaboratives including the [California Accountable Communities for Health Initiative \(CACHI\)](#) and [BUILD Health Challenge](#), as well as cohorts of domestic violence prevention collaboratives such as [Leveraging Collaboration to End Domestic Violence \(LCDV\)](#) and [Safety Through Connection \(STC\)](#). While this strategy to date has been shaped by rapid-fire and real-time meaning making from these efforts, as a follow up to a formal BSCF strategy refinement process in 2021, the BSCF team wanted to step back, reflect on all that has taken place, and draw upon insights from trusted partners within and outside the foundation to formally capture the richness of what has been learned and confirm directions forward. Partners at Eternal Knot Evaluation and Social Policy Research Associates therefore engaged in a retrospective learning effort toward that end.

The specific learning objective centered on supporting BSCF and the broader field in specifically understanding MSC *collaborative capacity*. Beyond traditional notions of capacity rooted in measuring organizational strength and stability—how are equity-focused and community-centered MSCs conceptualizing collaborative capacity, what new learning is being surfaced, and what are the implications for BSCF's and the broader field's support in this area going forward?

The following draws from a comprehensive review of evaluation reports, issue briefs, and papers from BSCF's multisector collaborative investments, as well as interviews with 14 individuals who represented MSC funders, field partners and grantees who could offer particular insight into these areas.¹ The next section briefly underscores what has been learned about the power and potential of MSCs as an approach to prevent domestic violence and advance health equity, followed by a fuller summary of emerging learning about collaborative capacity required to realize that potential. The paper then concludes with considerations for further dialogue and action.

How are equity-focused and community-centered MSCs conceptualizing collaborative capacity? What new learning is being surfaced? What are the implications for BSCF's and the broader field's support in this area going forward?

¹A full list of reviewed material and interview respondents is included as an attachment to this paper.

Why Multisector Collaboration?

Advancing health equity and preventing domestic violence are not challenges that healthcare systems can address alone. Health is a multi-dimensional challenge, shaped by opportunities and experiences across various systems and communities. As such, the solutions must also have approaches where multiple systems, organizations, and residents come together in a shared effort.

This is the power and potential of multisector collaboration.

By bringing together individuals, organizations, and sectors to collectively align efforts, MSCs are increasingly fostering upstream, prevention-focused approaches to health equity and domestic violence. Across and outside the BSCF-supported portfolio, examples are emerging of MSCs who have successfully worked across sector siloes to follow the lead of community partners to—for example—ensure housing, food security, and emergency aid for those most affected by the COVID-19 pandemic, address lead and indoor air quality within multi-family housing, adopt breast-feeding policies at city-wide recreation centers, amplify community voices through art and green space programs and anti-tobacco programming, pass new requirements that landlords and property owners pay for private inspections for lead-safe certificates for rental units, and expand services and support for domestic violence prevention. One MSC field leader explained, “Issue areas that these communities are working on are really what they call ‘wicked problems,’ just really entrenched, challenging things to address, or even to conceptualize sometimes, and especially to try to find solutions for.”

MSCs are also reporting working together in new ways, letting go of the “scarcity of resources” mentality to respond rapidly to community needs and improve coordination, identifying gaps and creating new community-clinical interventions that span health and community sectors, braiding resources to sustain funding for critical programs, increasing co-location of services, and modifying individual organizational policies and practices around aligned equity-focused and community-centered values. As compiled by the Funders Forum research on Accountable Communities for Health (ACH), there is also emerging evidence that some MSC efforts are demonstrating success by traditional population health outcome measures such as reducing ER visits, rehospitalizations, or decreasing opioid overdose and deaths.² As written by the Stanford Social Innovation Review in 2018, “cross-sector collaboration approaches hold the greatest potential for sustainable change in complex challenges at scale.”³

“[Domestic violence (DV)] services alone are insufficient to solve to really end DV. When you think of a whole person approach, DV and safety related healthy relationships is one part of a whole person approach. But so is living in a safe community. So is living in safe housing. So is living with enough sustainable income to really thrive “

– MSC Field Leader

“I think for me, it comes basically down to, if we’re going to address and really get at the root causes of poor health outcomes in communities, it’s going to take a village. It’s going to take many different partners.”

– MSC Field Leader

² Levi, L., Heinrich, J., Hughes, D., Mittmann, H. The Power of Multisector Partnerships to Improve Population Health: What We are Learning About Accountable Communities for Health. (2021). Report from the Funders Forum on Accountable Health, a project of the Department of Health Policy and Management at the George Washington University Milken Institute School of Public Health.

³ Becker, J. and David B. Smith. The Need for Cross-Sector Collaboration. (2018). *Stanford Social Innovation Review*. https://ssir.org/articles/entry/the_need_for_cross_sector_collaboration

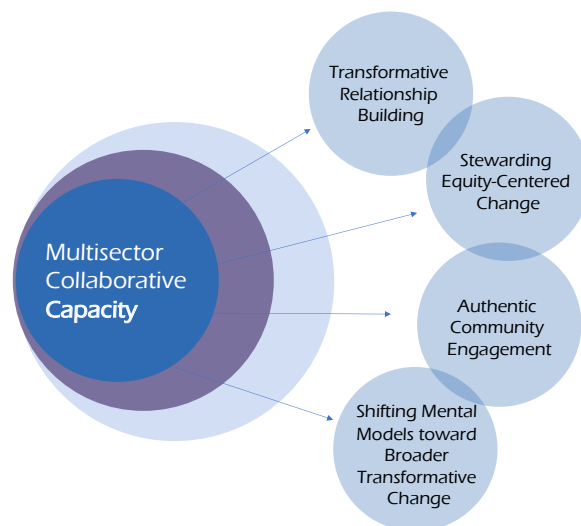
Strengthening Multisector Collaboration

To fully maximize the power and potential of MSCs, the field is learning that there are aspects of collaborative capacity that are critical to focus on and develop. These extend beyond traditional notions of collaborative capacity, which largely focus on the mechanics of how collaborative partners can optimally work cooperatively toward shared ends. Decades of study in collaborative capacity have surfaced the foundational importance of attending to, for example, aspects of collaboration such as shared vision and collective objectives, shared governance and inclusive decision-making structures, project management and communications infrastructure, productive conflict resolution approaches, and—particularly in recent years—the importance of “backbone” organizations who play critical roles in convening stakeholders, facilitating processes, implementing plans, and securing funding.⁴

While acknowledging that all those aspects of capacity are indeed essential for collaborative development and operations, the BSCF team wanted to build upon these and dive deeper: What are we learning about *additional* layers of capacity required to do the challenging work of **equity-centered** and **community-driven** multisector systems change collaboration? What, if anything can philanthropic funders do to support?

An exploration into these topics surfaced nuanced aspects of MSC collaborative capacity captured in the graphic to the right. Elements of these are implicit within many MSC approaches already underway. By explicitly naming and unpacking these four areas of MSC collaborative capacity and their relationship to equity-centered and community-driven goals, however, the hope is to create an opening for dialogue and reflection that will ultimately serve to further strengthen the work going forward.

What are we learning about additional layers of capacity required for **equity-focused**, **community-driven** multi-sector systems change collaboration?



Transformative Relationship Building

Within multisector collaboration—as within any collaborative endeavor—relationships are central. An abundance of literature reinforces this point, so much so that within many MSC frameworks, the quality of connections and communications among actors across a system are a named precursor of systems change. Multiple interviewed MSC leaders therefore noted that building capacity in this area as foundational for leveraging the transformative potential that the expertise, skills and spheres of influence of partners representing different sectors and constituencies offers. Moreover, especially given the health equity focus of BSCF-funded MSCs intentionally bringing systems and community partners together, an explicit focus on power and power sharing was also named as critical to develop.⁵

“There is this relationship work that needs to be done... because you’ve got people that don’t know each other, don’t trust each other, that aren’t speaking the same language.”

—MSC Field Leader

⁴ See for example, *Accountable Communities for Health: How ACH Backbones Fuel Community Change*. Fact Sheet from California Accountable Communities for Health Initiative (CACHI)

⁵ *Operationalizing Equity in Multisector Collaborations: Strategies to Center Equity and Social Justice*. (2023). Cristobal Consulting for the Blue Shield of California Foundation; *Advancing Equity: Adapting to Local Context and Confronting Power Dynamics, Lessons Learned from Accountable Communities of/for Health*. (May 2022). Population Health Innovation Lab, Public Health Institute.

In recognition of this, to strengthen their collaborative capacity in this area, a number of BSCF-funded MSCs have purposefully put in place structures envisioned to mitigate inevitable power differences among partners. Some are building distributive leadership models and co-facilitation into their MSC structures as a tactic to share power across partners, others are putting in place working agreements or Memorandums of Understanding to clearly define roles and principles for engagement. Evaluators found BUILD MSCs are consistently using meetings to check in with each other on the quality of their relationships and taking the time to explore or address trust and power dynamics among organizations. As a clear demonstration of shared power, within the San Jose CACHI site for example, the community-based partner drew from their cadre of leadership development program alumni to assign community residents to co-chair every workgroup with someone from the public health department.

Where MSCs have successfully built capacity for transformative relationships and power sharing, it has served as a powerful indicator of what is possible. Throughout our interviews, examples emerged from within and outside the BSCF-funded portfolio of this. For example, the lead domestic violence agency for the Healthy Black Families Collaborative in Sacramento reports transformed levels of trust with the Black community as a result of strengthened MSC relationships and activities. At The Center at McKinleyville, in Humboldt County, tribal communities and child welfare services are sitting around the same BSCF-funded MSC table and making shared decisions on behalf of the community despite generations of conflict and tension between the two groups. A MSC in North Carolina has set the foundation for long-term partnership now extending upwards of several years directly stemming from vulnerable conversations about hopes and desires for their shared community.

“The really powerful thing is when [MSCs] say, ‘Okay, we’re going to combine our resources—not just money, but also energy—to go forward to a shared goal.’”

—MSC Field Leader

What are we learning about building capacity for transformative relationship building?

Foremost, across-the-board, the experiences of MSCs tell us that equity-centered relationship building takes time and a deep dedication to building a culture of trust and openness to trial and error. “The number one thing is time,” one MSC funder emphasized. “It takes way more time than you think it’s ever going to take.” Emphasizing the difference between simply sitting at a table together versus operating with collective accountability to each other, another field leader iterated what has become a mantra in MSC work: “Progress moves at the speed of trust.” Another added, “If you try to rush this, you’re missing the point of intentionally going slow and building trust.”

Additional learning themes surfaced that might support approaches to deepen equity-centered and community-driven MSC relationship building capacity, namely:

- **The importance of fostering an inclusive vision that invites healthy tension.** Cultivating a clear sense of shared purpose that connects to all the individual interests of participating organizations was named by many of those interviewed as key for “everyone to feel like there is a reason to be there.” Interviewed field leaders noted that the vision has to be simultaneously narrow and manageable enough to generate short-term wins that sustains momentum and keeps partners at the table, and broad enough such that all partners are willing to meaningfully contribute toward shared goals, as well as adaptable enough that it can fully leverage a level of productive thinking that naturally rises from healthy tensions across diverse partners. Arriving at such a vision requires skilled facilitation that can navigate often incongruous perspectives to arrive at a purpose that tackles the most urgent community-centered concerns while holding the vested interests of institutional and community-based partners representing multiple sectors. BSCF-funded MSCs have found success with skilled consultants that have helped them through these dynamics.

• **Working toward shifting paradigms of what is valued and who holds power.** Collaborative development literature emphasizes that partners must have a sense of both the value they provide and the value that they gain through their participation. Among those interviewed, there is a sense that many MSC partners might still bring implicit biases related to more historically dominant notions of what brings value and who holds power. Namely, when asked, most field leaders suspected that health systems and hospital partners had more perceived power and outsized influence. They were seen as bringing “data,” “capacity,” or “resources” to community partners, and that the frame had not quite shifted to authentically see community perspectives based on lived experience, community power, and community networks as *equally* valuable forms of data, capacity and resources to bring to bear. Different MSC approaches are naming the importance of shifting from a deficit to an asset-based paradigm where all partners recognize the value that is brought and gained from those around them and noting that it will take consistent attention and intention to build this collective capacity throughout MSC relationship building work. In the most recent iteration of BUILD, prospective MSCs were asked about their understanding of community assets direct as a means of identifying collaborative partners with a higher degree of readiness for systemic change.

“Central to integrating systems change into community health work is understanding partners’ implicit biases, examining their tendency to see deficiencies rather than assets...this work takes time, resources and patience.”

–MSC Field Leader

• **Acknowledging systemic harms and creating space for healing.** Finally, another relatively nascent area where multiple field leaders are seeing equity-centered MSCs on the front end of building capacity is in engaging in deeper level relationship building—and healing—that addresses the unique history of harm that lies under the surface of systems of care and the communities they are intended to serve. Noting that “there’s still a long way to go,” some funders underscore the importance of acknowledging the “inherent trust that the system has broken with people” and integrating a focus on healing within MSC relationship building. One funder offered an example of a MSC creating space for community storytelling, which gave rise to painful stories of historical exclusion that catalyzed partners working together to ensure necessary services within a historically segregated community. Another shared, “acknowledging harms and truth-telling just demonstrates to the community that [systems and institutional partners] are serious about the work.”

“We can’t build towards something different without the acknowledgement of the harms that have been caused by different systems or institutions.”

–MSC Field Leader

Different interview respondents acknowledged that truly transformative relationship building does not happen without intention. Many emphasized the role of MSC funders in “setting the table” in terms of articulating expectations for moving beyond “business as usual” dynamics of cross-sector relationships, and emphasizing a priority for attending to power so that community partners can equitably sit at the table. Without being prescriptive, interviewed MSC funders described how they have built these expectations into their funding, using the power of convenings to ask hard questions and challenge assumptions, and—in some cases—leveraging their own power to disrupt inevitable systems-community power dynamics. MSC funders were also described as sometimes introducing tension that works against transformative relationship building as well. A reluctance to award multi-year general operating grants, for example, was described as working against creating the necessary space for meaningful relationship building to happen. Choices in who serves as the fiscal recipient of the grant for the MSC (often based on philanthropic criteria of capacity) was also described as playing a role in exacerbating power differentials within collaborative relationships.

Stewarding Equity-Centered Change

Even before the COVID-19 pandemic laid bare the systemic inequities that shape health outcomes for communities of color across the country, there had been growing awareness about the critical importance of centering equity in health and domestic violence interventions as a means of directly addressing the structural racism embedded in our systems, and ultimately attending to the range of social determinants of health that shape health disparities facing our communities. As part of this shift, MSC field leaders have also seen a recognition of multisector collaboratives as being uniquely positioned to move out of historical siloes and shift to holistically address root causes of disparities... and then, the subsequent importance of building their equity capacity to do so.

The BSCF MSC portfolio is rich with examples of partners endeavoring to center equity as a core value in their work. BUILD has embedded health equity as core value from the beginning; it began offering equity-focused capacity building starting with the second round of funding, and in subsequent rounds has further challenged cohort member approaches to elevate those most affected by disparities, build local leaders, and ultimately focus on community healing. CACHI sites have used technical assistance resources to bring in racial equity consultants to conduct trainings and, in one case, holding six-part series of workshops to deepen capacity of MSC partners. LCDV and STC collaboratives have curated and disseminated racial equity resources for members, and also report examples of partners coming together to support the racial justice movement through participation in rallies, marches, and protests.

In some cases, the increased equity capacity of BSCF-funded MSCs is directly translating to equity-centered change agendas and outcomes. The Center at McKinleyville, an STC collaborative, used racial equity trainings for government agencies to draw a link between racial equity and domestic violence, helping city agencies to increase coordination across departments that see their work as connected to preventing domestic violence for vulnerable populations they serve. LCDV WEAVE collaborative reports a new domestic violence advocate within the police force as a result of a series of learning sessions with the Black community. As observed by BUILD leaders in the BUILD Health Challenge's Listening Tour report, "When racial equity is centered, collaborators ask better questions, leaders become more diverse, interventions become more equitable."

What are we learning about building capacity for stewarding equity-centered change?

Interviewed MSC field leaders largely agree that the broader field has largely coalesced around the importance of centering equity within approaches to advance health outcomes of communities across the country. They noted, however, that for many the challenge continues to sit with operationalizing this value, or—as framed in the [BUILD Health Challenge's Listening Tour findings](#)—"move from equitable intention toward trauma-informed, healing, and transformative approaches for catalyzing equity."

"People may think about very, very simplistically equity means you focus on communities of color that have poor health outcomes. Or you focus on making sure there's diversity at the table... what we've been really trying to do is understand the full dimensions of what it means to operationalize equity"

—MSC Field Leader

"I think there are very few projects in the health space that I see that don't talk about health equity or emphasize the need for it, but I think folks still really struggle with the operationalization of that."

—MSC Field Leader

It is no wonder. Any effort to strengthen capacity to center equity is an enormously complex and long-term journey. Doing so within a multisector collaborative is exponentially more complicated given the diversity of partners representing different interests being brought together. In 2023, BSCF released an [equity toolkit](#) specifically aimed at MSCs, rooted in the experiences of over 48 stakeholders in multisectoral work. In considering how to strengthen capacity for stewarding equity-centered change within multisector collaboratives, the experiences of BSCF grantees and partners have surfaced several learning themes:

- **Investing in creating a shared foundation for equity-focused work.** As part of their efforts, many MSCs are finding that fundamental investments need to be made on the front end of engagement. Reflecting on their experiences, field leaders described how they have observed MSCs in the earliest days of coming together benefiting from focused conversations that established a shared equity definition and language for partners to engage together. “What equity means to community members may look very different than what it means to a health department or to a hospital,” explained one field leader “And so having those conversations early on is something that we have tried to encourage.” Coming to shared understanding—or, if needed, even co-creating definitions together—was described as a valuable investment to move the work forward productively.

“[MSCs that] sort of skip over important parts of this equity journey don’t truly get to actualizing their shared visions.”

—MSC Field Leader

- **Attending to layers of equity capacity building, encompassing collaboratives, organizations, and individuals.** A second theme that emerged called attention to the need for equity capacity building that acknowledges the multi-layered nature of MSCs. Not only is equity capacity being built within the collaborative itself, but the collaborative is comprised of individuals going through their own equity journey and representing larger MSC member organizations who are also at different points of readiness and understanding around equity. Further, these organizations are sometimes embedded within local communities where “equity” is politically fraught terminology associated with a range of mistruths and misunderstandings. For BSCF-funded MSCs, this reality has required flexibility in directing capacity building support. For example, some MSCs have localized approaches to meet communities where they were at in their political orientation to equity, or offered personal equity coaching for MSC representatives who were endeavoring to bring along unsupportive organizations.
- **Holding a dual focus on internally- and externally-focused equity capacity.** An important distinction as some MSCs have focused on centering equity has been to distinguish between internal and external equity capacity. Internal equity capacity is foundational to maximize the power and potential of MSCs, and encompasses equity-focused norms, structures, and operations—diversity of partners, inclusive processes, equitable governance and operations, safe space for asking hard questions and challenging assumptions. The latter turns outward, and entails engaging in shared analysis of community health outcomes and the systems and contextual factors that influence them, as well as the networks and capacity to inclusively center the perspectives of community members experiencing inequities. While it sometimes easier to exclusively focus inward or outward, staying mindful about attending to both is critical for MSCs productively tackling the entrenched nature of systemic racism influencing health disparities.

• **Building specific capacity for root cause analysis.** A critical aspect of maximizing value of the MSC table is the capacity to engage in cross-sector analysis that delves into the root causes of health disparities and domestic violence. This, according to interviewed MSC field leaders, can be challenging given the siloes in which MSC partners have historically operated, but is critical for advancing health equity. One field leader offered an example of one MSC “imploding” from a stubborn focus on housing people to address homelessness, versus pulling all the potential levers of different sector partners around the table. In their efforts to build capacity in this area, some MSCs have successfully engaged in consultant-led root cause analysis processes to develop multisector workplans, others have explicitly engaged MSC systems partners to disaggregate and analyze their data to identify health priorities. Some have drawn on community-based partners who have, as one field leader described, “much more sophisticated root cause and power analyses than systems.” Many have turned to the community as partners in sharing their experiences to understand why inequities exist. “That has been extremely fruitful [for understanding] how structural racism showing up and actually, how was that it being translated into poor outcomes,” one field leader expressed. Concurring, another shared, “I think that’s now become a kind of accepted principle of equity work, that you have to talk to the people experiencing inequities to know.”

“By talking to people experiencing inequities... with a serious value of trying to understand how the existing systems perpetuate inequity, and even some would say perpetrate racism, then then you can begin to put the system right.”

–MSC Field Leader

• **Striving to elevate the conversation beyond “equity” to “transformative justice.”** A final prominent learning theme that emerged centered on an acknowledgement that the field as a whole was still on a front end of its equity journey. Numerous reports and interview respondents noted that while “equity” is increasingly an assumed aspect of cross-sector work, the field-level conversation does not consistently focus on racial equity and has not yet evolved from equity to *justice*. “I think many people are much more comfortable in talking about health equity overall than they are in talking about racial equity,” one field leader observed. “And definitely more than racial justice, which means changing systems.”

Notably, these are areas that are not easy to approach and navigate. As such, a thread that ran through our literature review and discussions of strengthening MSC capacity to center equity in change efforts was the importance of external facilitation and support. This took the form of engagement of equity-focused consultants, as well as a backbone organization or coordinating structure that is comfortable and committed to continuing to explicitly address issues of race and racism, keep MSC focused on lived experiences and the structures that shape them, and hardwire equity practices within MSC operations. This takes resources. “Funder commitment [to supporting equity-focused capacity building] is key,” underscored one leader. “It has to be translated into how funding is conceived, and the principles and the technical assistance that goes with that funding...even ahead of when collaborative initiatives begin.”

Authentic Community Engagement

Given the critical importance of prioritizing impacted community voices and interests within equity-centered change agendas, most MSCs are endeavoring to deepen their capacity in this area. Interviewed MSC field leaders sense that—as a result of the prevalence of models such as Accountable Community for Health (ACH) and BUILD taking root across the country and the accompanying leadership of values-aligned funders of these efforts—the field is increasingly coming around to seeing community engagement as a given core value. This shift over the past few years, according to one funder, is “for sure the most promising dimension of true multisector collaboration that will get us to really addressing the outcomes that need to be addressed.” Like equity-centered change, however, a widespread *value* for community engagement has not necessarily yet translated to clear approaches and practices to do so. One funder observed that, while there is a lot of good examples emerging across the country, “I think that we’re still kind of at a point where there’s a lot of throwing stuff against the wall to see what’s going to stick.”

“[Authentic community engagement] for sure the most promising dimension of true multisector collaboration that will get us to really addressing the outcomes that need to be addressed.”

–MSC Field Leader

Many of those good examples are emerging from BSCF-funded MSCs, who are actively working to operationalize community-centered change. Some, such as the Reinvest South Stockton CACHI Coalition developed a comprehensive shared definition of inclusive resident engagement during a retreat of partners. Many others have purposefully included resident leaders as part of MSC governance structures or created formal “resident advisory councils” to guide MSC initiative development. One of CACHI’s technical assistance providers has introduced tools such as a “resident engagement typology” to support MSCs in envisioning and implementing different levels and types of engagement approaches. Still others are leveraging partner networks to extend outreach; for example Mujeres Poderosas Amorosas in Fresno County has been able to leverage its partnership with El Centro Binacional para el Desarrollo Indígena Oaxaqueño to engage underserved indigenous immigrant women and host two pláticas, or conversations in Mixteco (rather than in Spanish).

There is also a growing accumulation of evidence that authentic community engagement is leading to community-aligned change within the BSCF-funded portfolio as well. A recent CACHI evaluation found that, amongst CACHI MSCs, engagement of residents and community members is steering MSC initiatives toward community priorities as opposed to solutions that institutional partners might typically prioritize.

“When those impacted are engaged, the trajectory of change happens.”

–MSC Field Leader

As a specific example, following six learning sessions with more than 500 attendees across multiple neighborhoods in the community, the Boyle Heights ACH shifted its focus from heart disease (a priority for the County’s health department) to mental health and issues of health equity based on considerable feedback from community members. BUILD Vallejo’s win in securing a temporary countywide eviction moratorium at the onset of the COVID-19 pandemic, was a direct result of community members voicing the relationship of housing to their ability to avoid COVID, and MSC partners snapping into action to ensuring housing for their community. As emphasized in the [BUILD Listening Tour](#) findings, “When those impacted are engaged, the trajectory of change happens.”

What are we learning about building capacity for authentic community engagement?

Notably, even if community-based organizations (CBOs) are at the table within MSCs and even if those MSCs are building capacity for transformative relationship building and making strides in their structures and operations to equalize power across partners, MSCs still might not be authentically engaging community at the depth where community interests are centered and driving direction. One of the key lessons from the [BUILD Listening Tour](#) underscored that this depth of engagement requires both attention and investments in building capacity. As MSCs endeavor to build their capacity in this area, several learning themes are surfacing:

- **Attending to intersectional definitions of “community.”** While aspiring for community-centeredness, the reality is that there is no monolith “community” with a singular point of view. As such, different BSCF-funded MSCs are surfacing learning related to the value of dedicating time and space for MSC partners to meaningfully understand the full and nuanced diversity of those that they are centering in their collective work, as well as ensuing that backbone organizations and consultants that are representative of diverse types of communities. Because notions of “community” are not geographically, racially, or issue-based bound, the intersectionality of experiences and interests that comprise impacted groups demands outreach and engagement that is adaptive and culturally responsive. Some MSCs are considering how to build capacity for ensure different community perspectives are represented among those at the table; as stated in a recent BUILD Listening Tour report, “community-based organizations are not necessarily a substitute for lived experience.”
- **Building in scaffolded structures and practices for community engagement.** For many MSCs, building their capacity for authentic community engagement has entailed adoption of specific practices, such as compensating community members for their insights (as they would any consultant expert) and/or making accommodations such as holding meetings outside of business hours or supporting translation, transportation, or childcare. Despite these efforts, authentic community engagement is still elusive for some. As explained by one interviewed MSC leader, “Well, sometimes, community doesn’t want to do that, because it’s work. And even if they’re being compensated, sometimes, that may not be the most important thing to them.” In response, within the BSCF portfolio there are examples of MSCs who have also thoughtfully scaffolded different entry points for community member engagement, ranging from sharing information or soliciting input through listening campaigns, needs assessments or surveys, to more formal opportunities for active engagement though residents serving as MSC leaders, outreach workers, health navigators, and/or community organizers.
- **Long-term investments in building community capacity to engage.** Various MSCs are surfacing the dual importance of not only building MSC capacity to engage community, but also simultaneously *building capacity of communities to engage*. Some have launched trainings focused on orienting community representatives to shared decision-making approaches, offering technical issued-based expertise to “not be intimidated” by discussions, or exposing them to models of advocacy and systems change. Others have invested in leadership development of residents for individual residents and survivors to bring their voices to the fore of policy discussions. One of our learning themes, however, suggests that the community capacity most needed might not just be transactionally-based in knowledge or skill training, but rather might run much deeper. Multiple field leaders described needs assessments and narrative capacity to tell compelling stories, for example, as areas where community representatives described as capacity building needs. Hmong representatives from Alliance for Community Transformation (a LCDV MSC) described a two-year process of unpacking how issues of domestic violence emerge and are resolved within the patriarchal Hmong clan system, working with cultural and clan leaders to gain trust and buy-in, just for them to be at the table in an informed way and offer authentically responsive (and community-backed) solutions to address domestic violence.

- **Capacity to listen and respond.** Finally, to fully maximize the power of community-centered change, MSCs are underscoring the importance of seeing engagement as only a means to an end. MSCs need the capacity to authentically listen, and ultimately build collective willingness to change priorities and direction based on what they hear. According to field leaders, because this has sometimes resulted in systems partners compromising or shifting their own priorities, the value for centering community must not just lie within the collaborative but be infused within participating organizations as well. A recent CACHI evaluation found that community stewardship and accountability are precursors to sustained systems change, finding “ACHs that experienced the most growth and success embraced the concept of community stewardship and examined what role and responsibility each member/partner [held.]”

“Shared values are important, but must be coupled with shared action.”

–MSC Field Leader

In conceptualizing community engagement, Facilitating Power and the Movement Center offers a useful spectrum that begins with community marginalization on one end, to community ownership on the other.⁶ Within this spectrum, “community ownership” entails more than community input, community organizing, and even delegated power and collaboration. True community ownership requires community-driven decision making that defers to community priorities.. A few field leaders reflected that private philanthropy and public sector funders who operate in their own siloes often bring vested interests in MSCs focusing on specific issues, which ultimately limits the flexibility in which MSCs can navigate a truly community-centered change agenda. One shared, “Philanthropy could organize better, be more transparent about what we’re trying to do, because if we’re expecting community organizations and people across different sectors to figure it out and be frank with each other and build relationships, we can do that too.”

Shifting Mindsets Toward Community Transformation

Finally, this retrospective learning effort suggests that fully maximizing the power of an equity-focused and community-centered MSC approach requires a theory of change that places systems change wins within a much more complex trajectory of long-term community transformation. Within this trajectory, *multiple* systems follow the lead of impacted communities to ensure equitable opportunities and outcomes from cradle to career. While this may be the ultimate “north star” of BSCF-funded MSCs, consistently attending to this mindset shift is a potential area for capacity building attention.

As reported throughout this paper, we are seeing indications that the field is shifting its orientation toward a broader vision of transformative change, as BSCF-funded MSCs especially are squarely focused upstream and valuing equity and prioritizing community engagement in their collaborative work together. At the same time, interviews and evaluation reports suggest there is still room to deepen capacity to realize a paradigm shift that transcends “business as usual” to advance upstream solutions that aim to strengthen overall community health and well-being. A recent BUILD field trends [report](#) observed, “Our thinking is upstream, but solutions are not reaching far enough upstream.”

The challenge, as named by multiple MSC stakeholders, is that the field is not yet well set up for this type of broader approach. “Programs, funding, and evaluation,” states the BUILD field trends [report](#), “are rarely developed for lengthy, nonlinear routes to impact.” Health care systems are designed to meet urgent and individual client needs, private sector health partners are also pressed by financial or return-on-investment goals. Philanthropic funding cycles are not aligned with long-term change, and programmatic investments are tied to specific (often sector or issue-based) outcomes. Some call for a shift in mindsets and mental models—the most implicit level of systems change named in FSG’s “Water of Systems Change” model—as a foundational gap. As called out in that paper, “mental models”—or deeply held beliefs and assumptions and ways of operating that influence how we think and act—are not only the “foundational drivers of activity in any system” but also “presents the greatest challenge” to change.

⁶ Gonzales, R. [The Spectrum of Community Engagement to Ownership](#). (2021). Developed by Facilitating Power in partnership with The Movement Center.

What are we learning about building capacity for shifting mindsets toward community transformation?

While not directly named as a “capacity building area,” the following learning themes emerged in different ways as MSCs frame their work, called out the tensions faced, and reflected on what is needed from funders to fully maximize the impact of MSCs. Specific examples of learning themes related to different mental models included:

- **Underscoring a path to a broader theory of systems transformation and change.** Part of the power of MSCs is the transformative potential to pull multiple policy and systems change levers across multiple sectors across time, and in so doing, operate in deep alignment with communities who also largely define hopes and dreams for their families in more aspirational terms that transcend any one issue. MSC field leaders, however, observed some MSCs necessarily and naturally focusing on narrower programmatic systems change goals. The BUILD Field Trends report further found that MSC partners are accustomed to short-term responses for individuals, and “many leaders, practitioners, and organizations continue to use traditional operating tactics, timelines and accountability mechanisms.” The capacity that need to be built over time, one leader reflected, is to push against the tendency to focus only on incremental progress and continually “build into it, the vision that you are going to expand into something bigger.” This field leader continued, “When you are able to bring both [narrow and broader goals] together, it becomes transformative.”
- **Focusing on community, versus a specific issue.** Within the BSCF-funded MSC portfolio, different MSCs vary in the degree to which they represent community-led collaboratives engaging cross-sector systems partners to advance community priorities, or systems and communities coming together in partnership around a specific issue. The COVID-19 pandemic offered a useful MSC learning opportunity, given the nascency of many BSCF-funded MSCs funded just before the global crisis. Importantly, MSC funders noted that MSCs that rooted their work a particular issue or intervention put their work on “hold” during the pandemic in favor of meeting urgent needs. Conversely, MSCs that centered their work on community leaned in together as partners; for these MSCs, the pandemic sparked increased coordination, shared strategy and deeper partnership. For example, the All Children Thrive collaborative served as a strategy table to enable mobile vaccine clinics to reach communities at risk for the spread of COVID-19, easily bringing school partners who had previously only had limited health involvement in to identify vaccination sites. The East San Jose CACHI pivoted to focusing on domestic violence as part of the pandemic, because community leaders were hearing more and more that this was a pressing need in their communities. We are seeing emerging examples of similar nimbleness within BSCF’s STC cohort, where a focus on domestic violence is being introduced to pre-existing community-centered MSCs.

- **Openness to adaptability of MSC priorities, structures, and partners.** A natural corollary to moving toward community accountability is allowing for flexibility in how MSCs operate and are organized. Some highly community-centered MSCs working on different issues are finding that consistency in partners is not always optimal; as issues shift, partners might become targets or vice versa. Sometimes certain systems partners are not actively vested in a given issue or sometimes certain systems partners (such as law enforcement or criminal justice systems) are not welcomed on others. These MSCs are trying on different structures (e.g., tiers of partners, advisory roles, different backbone configurations, etc.) to navigate this challenge. As explained by one MSC field leader, “Form follows function.... it’s less about structure and more about having the relationships, the trust, the willingness for systems to be responsive to community, for communities to be willing to partner with systems. But how you structure that sort of depends on what you’re trying to achieve.”
- **Shifting paradigms of “success.”** Finally, a few MSC evaluations and field leaders raised the question of evaluation and metrics as both a barrier and an opportunity to a broader paradigm shift. There has been progress—particularly within the BSCF-funded MSC portfolio—for prioritizing and capturing both systems change outcomes and also precursors to systems change. BUILD defines these as shifts in understanding and issue framing, relationships and alignment across partners, strengthened capacity, and community engagement and ownership. CACHI’s near-term goals similarly encompass a focus on governance (including trusting partner relationships, distributive and equitable leadership, resident engagement, and partner/community accountability), data capacity, and coordinated interventions. Some interviewed MSC field leaders suggest, however, that the fullness of equity and community-centered MSC outcomes are still not being captured, particularly at the community-level. Namely, one field leader observed that a particularly unexplored question within current frameworks is how community engagement and ownership influences outcomes.

Here again, MSC funders were described as particularly well-positioned to articulate and hold a broader theory of change behind MSC systems change approaches that honors the transformative community-level shifts in power, mindsets, engagement and accountability taking place that serve to lay the foundation for sustained change that transcends any one system. Some went as far as to say that there is an onus on philanthropy to move out of sector-based siloes to set in stone a larger vision of impact in this stage of MSC support, before public sector funders engage in scale and spread MSC approaches, inevitably bringing population and sector-based expectations and accountability measures. One funder put a call to action out to philanthropy: “As funders, what kind of data are we going to want to determine success? Do we fall back on traditional health outcomes data? Or do we start thinking more broadly about measuring community capacity, or community resilience of some kind?”

Conclusion

BSCF’s investments in fostering multisector collaboration to date has brought together partners from across sectors to seed exciting community-centered change intended to advance health equity and prevent domestic violence in communities across the state. MSCs within and outside the BSCF portfolio are not only reporting examples of systems change emerging from their efforts but are also generating rich learning as they aspire to deepen equity and community-centered approaches. The hope is that emerging learning about additional layers of capacity required for equity-focused, community-driven MSC collaboration presented through this paper only serves to strengthen the work underway.

In closing, we offer some reflections for consideration toward that end, aimed at two audiences: multisector collaboratives and their funders.

The Reflective Opportunity for MSCs

Ultimately, how to make meaning and apply some of the learning themes captured in this paper must be localized, context-driven and aligned to each unique MSC. With that in mind, we have framed the following reflection questions rooted in themes surfaced through this paper as a starting point for MSC collective reflection, dialogue and action.

Toward Strengthened MSC Capacity: Reflection Questions for MSCs

Transformative Relationship Building

- What assumptions are we bringing about partners around the table? What are the different assets that each brings?
- What ways have we structured power sharing within our MSC? How have we fostered a MSC culture that leans into healthy tension across diverse interests?
- Are we at the point where we are able to have hard conversations to collectively unpack and heal from the history of systemic harms done to our communities?

Stewarding Equity-Centered Change

- How have we fostered a culture amongst MSC partners where we can engage in honest and productive equity work together that takes into account where we are our own personal, organizational and community equity journeys?
- What is our current capacity for engaging in root cause analysis of the disparities facing our community? What data can we bring to bear in our analysis? How can we hear more from impacted community directly?
- How are we thinking about racial equity and justice as end goals of our collaborative work?

Authentic Community Engagement

- How do we collectively understand the intersectional and layered nature of the community we serve? Where are the gaps in our understanding of, or capacity to engage, our community?
- How have we considered scaffolded opportunities for engagement that maximizes community voice, while intentionally addressing needs and capacity for engagement?
- To what extent are our investments in community engagement leading to a sense of community ownership of our MSC agenda for change?

Shifting Mindsets Toward Broader Transformative Change

- How are we defining our long-term goals?
- What is the transformative change that we hope to see? How is that aligned with community hopes and dreams for their health and well-being?
- Where are the places, if any, where MSC structures and approaches might be in conflict with pursuing community-aligned visions of change?
- How are we thinking about outcomes and metrics that align with what we are hoping to accomplish?

The Call to Action for MSC funders

Overall, it is clear that funding partners play a valuable role in building capacity of MSCs. Philanthropic funders “set the table” by articulating their expectations around cross-sector partnership that centers both community and racial equity, and by offering validation for communities who have been wanting to push in this direction. In addition to funding MSCs to come together, philanthropy resources also provide critical supports needed for MSCs to succeed—from backbone support, to convenings, to capacity building trainings and technical assistance, to commissioning evaluation and learning intended to strengthen the broader field. Moreover, from where they sit, funders also offer a critical birds-eye perspective in facilitating cross-learning and serving as connective tissue within and across various MSC initiatives.

As noted throughout the paper, however, philanthropy also has an influential role in *exacerbating* tensions that work against MSC collaborative development. For example, philanthropy can reinforce sector-based siloes through their own programmatic priorities and offering grants that are tied to established programmatic outcomes that work against truly following the lead of community-articulated priorities. Decisions about which MSC partner receives resources, expecting MSCs to report against foundation-defined (versus community-defined) priorities and outcomes, setting in place grant cycle driven timeframes to produce measurable progress—all at best add complexity to, and at worst derail, true community-driven, equity-focused transformative change.

The call to action for committed MSC funders then is to reflect on their role in facilitating or inhibiting deeper-level capacity building and progress in the areas discussed throughout this paper, and—where appropriate—adjusting their thinking and support. Specific recommendations include:

Meaningfully resource MSC capacity building.

First and foremost, this was the area where philanthropy is seen as uniquely positioned to support multisector work. This is especially the case given the many different places where skilled facilitative support was named as critical for maximize the value of bringing different perspectives together around an asset-based collective vision and on a shared equity journey together.

Acknowledge the power of philanthropy in “setting the table.”

Philanthropic clarity of values around community-centeredness and racial equity have already powerfully facilitated MSCs in deepening their approaches in these areas. This paper suggests an opportunity for funders to individually and collectively reflect on other areas where they may be bringing values, assumptions, and—in some cases—biases that might be shaping MSC approaches.

To consider:

Are we resourcing MSCs at a level where intermediaries and backbones can meaningfully foster “transformative” community and cross-sector relationships? To engage the facilitative support necessary to do the deep and vulnerable work of addressing community harm and healing? How are we investing in building the long-term capacity of residents and survivors to meaningfully engage as full partners within MSCs?

To consider:

How are we setting expectations about MSC relationships that move beyond “business as usual”? How are we challenging—or reenforcing—implicit biases around who holds capacity, influence and power? As we resource community-centered MSCs, how can we set expectations that “community” is not perceived as a monolith? Where are the opportunities for us to move the conversation from community engagement to community accountability?

Interrogate where philanthropic practice might be working against MSC goals.

Acknowledging that entrenched foundation practice is not easily changed, the tensions raised in this paper might prompt discussions that interrogate existing practice and, where possible, move toward multi-year general operating awards, maximize flexibility in timelines and reporting, or award grants to community organizations as backbones to steward MSC resources.

Shift mindsets and hold the big picture of transformative change.

Finally, there is a clear call to action for funders to step into a leadership role in encouraging a broader vision of change that demonstrates how MSC efforts lead to transformative community-level shifts in power, mindsets, engagement, and accountability that transcends any one system and contributes to overall community health and well-being.

In Closing

The field is at an exciting moment as the work of equity- and community-centered multisector collaboratives not only continue to make meaningful change in their local communities, but also are simultaneously generating rich learning about how best to support their capacity to do so. Going forward, capturing, disseminating, and leveraging this learning will only serve to strengthen the work of MSCs and their funders. It has been an honor to curate learning from BSCF-funded MSCs to contribute to this conversation.

To consider:

Have we truly reflected on what it means for us to be accountable to communities that we represent and serve, and what that might individually and collectively demand of us? How are we as funders prepared for navigating institutional tensions that might arise with authentic community engagement should community priorities veer from issue-based funding priorities?

To consider:

What is our ultimate theory of change? How are we thinking about systems change as a means to an end? What is our role in aligning the field around a broader vision? How do we ensure that we are supporting shifting mindsets of others through the outcome measures we use to define success? How are we capturing the complexity of the trajectory of community transformation that MSCs are supporting?

Data Sources

We are deeply appreciative to the interviewed MSC Field leaders and grantee named below for the richness of their insights shared with us, as well grateful to the many more MSC partners, intermediaries, evaluators, and consultants who spearheaded and contributed to the powerful learning captured in the reviewed documents listed below.

Interviewed MSC Field Leaders & Grantees

TC Duong & Fontane Lo, Blue Shield of California Foundation

Barbara Masters, California Accountable Community for Health Initiative, CACHI

Laura Hogan, California Accountable Community for Health Initiative, CACHI

Lisa Fujie Parks, Prevention Institute

Melissa Monbouquette, BUILD Health Challenge

Aristea Saulsbury, Center McKinleyville (Safety Through Connection)

Genoveva Islas, Mujeres Poderosas Amorosa (Safety Through Connection)

Sahra Abdi, East African Youth Collaborative (Safety Through Connection)

Laura Vu & Dee Lee, California Hmong Advocates Network (Leveraging Connection for Domestic Violence)

Natalie Oleas & Oravanh Thammassen, Contra Costa Alliance to End Abuse (Leveraging Connection for Domestic Violence)

Beth Gen Otto & Jamie Dircksen, Trinity Health

Bonnie Midura, The California Endowment

Carolyn Brunton, the W. K. Kellogg Foundation

Jeff Levi, National Funders Forum

Kristene Cristobal, Cristobal Consulting

Shao-Chee Sim, Texas Accountable Communities for Health Initiative (TACHI)

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