



PIVOTING TO MEET THE MOMENT:

*A Case Study of Community Organizing
Amid the COVID-19 Pandemic*

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EXECUTIVE SUMMARY

In 2019, Community Catalyst launched a project in partnership with three advocacy organizations aimed at organizing their local communities, primarily communities of color, to influence health systems to be more responsive to community needs. With support from Community Catalyst, they sought to: identify a community-driven policy agenda; work with local health care institutions to strengthen community engagement; and advance public policies that support community engagement in health care. The COVID-19 pandemic impacted both the relationships each organization had with health systems and the way they could organize their communities. Additionally, the movement in support of Black lives opened new opportunities for more explicit conversations about racial justice and health equity. Each organization adapted its work to address the emerging crises in their communities, and Community Catalyst supported partners' strategies to be both flexible and resilient in responding to community needs. While the specific details and milestones of each project changed, each partner successfully forged deep relationships with community members, other community-based organizations, and health systems. This case study highlights community resilience and illustrates the importance of adapting projects – including project funding – to enable organizations to respond to community priorities, especially among indigenous, immigrant, AAPI, Latinx, low-income and justice-involved communities.

INTRODUCTION

With support from The Kresge Foundation, Community Catalyst launched *Building Community Capacity to Shift Health Care Investment* in 2019, with the goal of organizing communities to influence health systems to be more responsive to community needs.¹ The project aimed to:

- **Build a sustainable base of grassroots and grasstops leaders** who can lead a community-driven policy agenda to secure health care investment in community priorities;
- **Work with health care institutions** to strengthen community engagement and investment in local priorities; and
- **Advance public policies** that support robust community engagement and health care investment through legislative, regulatory or programmatic change.

Throughout the project, Community Catalyst offered support to all three implementing partners through technical assistance. This assistance included policy analysis of issues related to projects' priorities; regular guidance on adjusting work plans to meet emerging community need; and trainings for community leaders. In addition, Community Catalyst staff served as a strategic partner to project leads and a sounding board throughout the process. Each partner sought to effectively involve the community in their work through community trainings on the social determinants of health, develop connectedness and cross-sector partnerships on community health issues, and increase community engagement in policy decision-making on issues that impact community health.

The three implementing partners² in this project, and their priority areas of focus, were:

Asian Pacific American Network of Oregon (APANO) and Oregon Health Equity Alliance (OHEA) in Portland, Oregon. APANO focused on improving access to public transit, with a focus on a \$5 billion local

¹ This project builds on an [earlier pilot effort](#), also supported by The Kresge Foundation, in which Community Catalyst partnered with community-based organizations interested in working with local hospitals to address community health needs in three communities: Northwest Bronx, New York; Minneapolis' Phillips Neighborhood; and the Jade District in Portland, Oregon.

² The three implementing partners on this project may also be referred to as "organizations", "community-based organizations", or simply "partners" throughout the document.

transportation ballot measure which would make critical investments in roads and transit routes throughout greater Portland. They worked to advance affordable housing development, tenant protections, and enhanced traffic and safety measures through the transportation measure. In addition, they launched a community-driven advocacy campaign to ensure health systems are educated about opportunities to advance health and equity work through local Coordinated Care Organizations and other health programs.

Center for Health Progress in Pueblo, Colorado focused on *hospital community benefit*, specifically, influencing local hospitals to invest their community benefit dollars into housing, food, and economic security projects. A significant part of this work was identifying and supporting community leaders to serve on committees and advisory boards, as well as advocate on the state level through legislative testimony.

Joining Our Neighbors, Advancing Hope (JONAH) and EX-incarcerated People Organizing (EXPO) in Eau Claire, Wisconsin focused on access to *affordable housing for formerly incarcerated people*, including eliminating housing barriers for people recently released from incarceration and engaging with health systems about how they can fund affordable housing. JONAH and EXPO also prioritized training people impacted by incarceration on the social determinants of health.

In early 2020, as the world grappled with the emerging COVID-19 pandemic, Community Catalyst worked with all three implementation partners to re-evaluate their project work plans. With flexibility from the Kresge Foundation, each site shifted its project priorities to address urgent community needs. This case study examines implementing partners' resilience in making these pivots while continuing to build community leadership and engagement to shift health care investments and address social determinants of health.

PIVOTING TO MEET THE MOMENT

Not unlike the rest of the country, the pandemic affected the lives of people living in Portland, Pueblo, and Eau Claire in innumerable ways. They experienced significant economic loss, increased food insecurity, and housing instability. Community members were suddenly isolated from one another, with many lacking sufficient access to technology to stay connected and receive adequate support to weather the pandemic. Asian Americans were also targets of rising racist violence and rhetoric. In all three communities, the pandemic exacerbated existing health inequities resulting from systems of oppression, including racism and chronic underinvestment.

The pandemic was not the only event to spark change in 2020. The racial justice protests following the murder of George Floyd also led to changes for the projects. Both the pandemic and the protests put a spotlight on the issues that Community Catalyst and its partners had been working on for years. For two partners, this combination of events provided new opportunities to bring a more explicit focus on racial justice into their conversations with coalitions, health systems, and community members. For another organization, these events sparked an internal reckoning about how their advocacy could more explicitly focus on racial justice. The underlying issues and focus of the projects may not have changed, but the context and conversations certainly did.



“[T]he economic fallout from the pandemic... has hit our community disproportionately hard, as with all BIPOC communities. I don't think it was like we were hitting great metrics in economic terms for many of our communities we work with already before the pandemic, and it's only kind of exacerbated that.”



These new realities impacted Community Catalyst and the implementing partners' original project plans, albeit in different ways, to respond to the rapid changes in day-to-day life the pandemic forced on each community. Each organization made pivots in both operations and approaches to their projects with the support of Community Catalyst staff.

Despite the events of 2020, the overall focus of the project never changed. The ultimate goal for each of the partners was to build community power. What changed for Community Catalyst, and each implementing partner, was how the organizations, both separately and in collaboration, worked to achieve that goal.

“I don't think there's been a fundamental shift where all of a sudden there's going to be anti-racist practices across the board, but I do think that, if we're thinking about how things have shifted, I think we want to leverage the ways in which the external pressures have asked institutions and organizations to do things differently, and to keep doing those things differently.”

Partners' Relationship with Health Systems

With an overwhelming number of COVID-19 cases swamping their emergency departments and ICUs, hospital systems naturally turned inward to focus on their pandemic response. Hospital departments involved in community engagement and investment were sidelined or reassigned. One partner reported that their contacts at the local hospital system had been furloughed in the early days of the pandemic.

In some locations, however, local health departments had a renewed interest in engaging with communities and community organizations. Community-based organizations became a critical tool for local health institutions to reach community members, especially those most marginalized by the existing health system. The project partners reported an influx in engagement from these health entities and took on new public health roles, such as acting as a community intermediary for COVID-19 testing and vaccine access.

Partners' Organizing Approach

All three sites navigated an unexpected shift to virtual organizing and faced the challenges of that transition. One specific aspect of organizing that was impacted was relationship-building. Prior to the pandemic, each project had typically relied on in-person meetings and community gatherings to engage, and now had to imagine new ways of reaching community members, many of whom lacked access to technology. In-person community trainings on the social determinants of health became impossible.

Due to disparate technology access across their communities, this shift required assisting community members in accessing devices and training them on how to use new virtual platforms. Some organizations took this as an opportunity to invest in digital infrastructure that would build sustainable operations well into the future. As many services, such as medical appointments, are increasingly available virtually, the organizations see a continued need for technology access and education to reduce the digital divide. As one organizer stated, “that trend is something that we'll also have to focus on over the long term, because if we don't start addressing it, the gap will get wider and wider in terms of the digital literacy. I would say those are all kind of the durable changes that we're seeing and experiencing.”

Scheduled trainings for the project were either postponed or conducted online in adapted forms. For instance, one site partnered with Community Catalyst to revamp and complete an in-depth online “train-the-trainer” program on the social determinants of health with nine community leaders, each of whom committed to leading future community trainings. For example, one leader facilitated a modified version of the training with over 60 community members. The conversations Community Catalyst had with each implementing partner about this curriculum eventually resulted in a new project focused on designing an outline for a new social determinants of health training centered on racial justice.



Project Priorities

All three sites observed that it was challenging to capture public attention on the original issues they wanted to address at the outset of the project. Responding to the COVID-19 public health crisis became the core focus of the sites' organizing efforts, transforming the initial aims to engage health systems to a very immediate, visceral issue that directly impacted all people. One site reported that the labor that went into weathering the unknown made it difficult to think on a long-term basis, which affected advocacy priorities and the project's aim to focus attention on training. For example, training became less of a priority compared to meeting more immediate needs like ensuring safe conditions for incarcerated people or food security.

During Community Catalyst's conversations with each implementing partner, it became clear that advocacy needed to shift "downstream," that is, advocacy needed to shift to meet community members' more immediate needs emerging from the pandemic. This was not an abandonment of more "upstream" advocacy, but a recognition that advocacy priorities needed to be responsive to changes in the community, especially changes as sudden as COVID-related life impacts. One project described this as "following our members where they were leading us." Examples of this more direct assistance included food distribution and direct financial support like rental assistance and small business grants.

"I think we all understand a bit now... that it was really hard to focus on your daily activities when you're concerned about COVID. So, we can understand now that people who are struggling, it's really hard for them to think about anything other than the fact that they're struggling."

"I would say that the pandemic was a huge wake-up call for us as an organization that we could not continue to ask folks to do upstream systems change work when their downstream immediate needs were not being met."

PROJECT OUTCOMES AND LESSONS

Amid these pivots, each organization continued working on their community-identified social determinants of health and, as a result, achieved important wins with their communities.

In Wisconsin, organizers reported an improved community understanding of the social determinants of health and the needs of formerly incarcerated individuals. They also reported greater collaboration and cross-organizational approaches to this issue. For example, organizations in the community are now more willing to pool resources and share information related to incarcerated individuals. Most importantly, the project provided a clear example of the importance of leadership by directly impacted individuals.

In Colorado, organizers successfully collaborated with community members and leaders to improve access to vaccines for COVID-19. Their project solidified an organizing model that proved critical to ensuring all community members were supported in navigating the process of getting vaccinated. Reaching vaccine equity would not be possible without community leaders bridging the gap between where vaccines were being offered and friends and neighbors who needed their questions answered about efficacy, side effects, and getting the vaccine. Organizers were also incredibly successful with their state legislative advocacy, with all six of their priority bills passing by the end of the 2021 Colorado Legislative Session.

In Oregon, the transportation measure advocates had long been working on was defeated at the ballot box. However, advocates were able to secure \$185 million from the legislature to address many of the priorities included in the transportation measure such as safety improvements and anti-displacement efforts, which were especially crucial for Asian American community members. Advocates were also able to facilitate numerous leadership initiatives which resulted in efforts to distribute financial resources to community members directly impacted by the COVID-19 economic crisis.

In addition to the community-specific outcomes listed above, each organization was able to achieve important outcomes with health systems and community leadership.

New or Strengthened Relationships with Health Systems

Despite the ongoing health crisis, organizations were able to grow their relationships with health systems. As noted above, although hospital systems had limited capacity for community engagement in the early stages of the pandemic, the COVID-19 crisis facilitated closer community relationships with local health departments tasked with broader public health objectives. The nature of the pandemic meant health departments had to be more outwardly focused, yet that renewed push for outreach revealed limitations in their ability to reach to all community members. Insufficient infrastructure and relationships meant that local health departments needed to rely on community-based organizations to get closer to meeting their community engagement goals. For example, each organization played an important role in connecting large federal entities such as FEMA to those most in need of assistance. One organizer described the new, reciprocal relationship with health departments in this way: “they need us and we need them and that's very apparent.”

Each organization made unique contributions to advancing equity in pandemic aid. Project partners played a role in connecting health systems to grassroots advocates working directly with impacted community members and improving overall equity in health systems’ pandemic responses. For example, one project assisted with translating English-only information distributed by local food banks and established a relief fund for immigrant families who were excluded from other government aid.

With the flexibility to direct resources to urgent needs, and with support from Community Catalyst to build organizing and leadership capacity, each partner built better relationships and trust among community members and advocates. Partners also engaged with the community in new ways. As they became more actively involved in providing direct assistance and found new methods of improving community health, sites reported engaging with community members they might otherwise have never had the opportunity to engage with. One partner reflected that over the course of the project, they were able to do more targeted advocacy and reach an expanded pool of grassroots leaders. This resulted in a successful citywide advocacy campaign that capped delivery fees at 10 percent for small businesses facing declining revenue amid COVID-19 and a spike in hate crimes towards Asian Americans. Another project was able to better engage with members of the immigrant community by creating opportunities for people of different documentation status and language knowledge to participate in community care.



“These are all systems that want to function better, that want to be more equitable or they have tons of people who want that at least and we're simply giving them the opportunity to make that happen. They often don't have the expertise, the time to really make those relationships and be able to dig deep. We're willing to hold those relationships in community and connect them to folks who can really inform what the work should look like.”

While in some cases, health systems were more interested in engagement, partners still saw the limitations and challenges of those relationships. While health systems were willing to provide direct services, there was still little responsiveness to the more upstream issues the projects had been pushing for well before the onset of the pandemic. While partners reported instances of health systems listening to their input, they weren't confident that feedback was being implemented in the way they expressed it. One site reported strong engagement but still felt unsure if health systems were willing to go outside of their usual parameters.



“I think where we’ve heard the best feedback, and where we’ve felt it, too, is just in the ability to leverage funds in the ways that our communities are telling us to do that and not in the ways that the institution wants to do that.”

Simultaneously, this was also a unique time of collaboration with health systems in response to crisis. While the pandemic provided some common ground to engage on, sites are still considering how to evolve health systems relationships as communities feel pressured to return back to a “normal” that does not suit their needs. They are exploring how to shift from pure relationship-building to accountability work, and navigating the tensions that emerge from that.

Deeper Investment in Community Leadership

Each organization deepened their community-centered organizing and advocacy work. In Colorado, the project launched a “caracol” [phone tree](#) organizing model in which a group of women from immigrant and mixed-status families have become community leaders checking in with their neighbors, identifying COVID-19-related issues, documenting themes and connecting people to resources.

In Wisconsin, JONAH hired individuals who have personal experience re-entering community after incarceration. The organization chose to direct funding to involve and adequately compensate impacted community members to advance the advocacy work.

In Oregon, OHEA convened, and paid, community members to advocate for community priorities. This approach helped to build power at a pace that enabled members to focus on the issues that mattered most to their communities. APANO engaged community members from the neighborhoods they serve through formal leadership development cohorts and strengthened efforts to address the “tech gap” present in the community through technology distribution and individual training.



“I think, honestly, having the funding to pay for a position for someone with lived experience to be on this project made all the difference... it's very clear that if we want impacted people involved, they need to be paid, and that honestly, it's the money that made the big difference.”

Additionally, some projects were able to uplift and support the work of smaller community organizations that often don't receive adequate support for the significant services they provide to the public, despite their critical role in reducing health inequities. For example, one organization working to get COVID-19 vaccines to communities of color was not receiving relief funds, so the project in that community worked closely with larger health system partners to direct funding to *promotores de salud* and community health workers doing direct outreach.

LESSONS LEARNED

This project reinforced and highlighted important lessons for Community Catalyst and for the broader health advocacy movement. These organizations met the moment of the COVID-19 crisis and their experiences and learning will serve us well beyond this crisis.

#1: Let Community Lead

The best ideas for how to approach advocacy in the pandemic environment came from those most impacted by those choices – the community. This case study illuminates the importance of community partnership – when community members themselves dictate where advocacy should be directed, projects can have maximum impact. When priorities are community-identified and community organizers are equipped with the technical and logistical supports to address those priorities, communities can sustainably build a web of support that benefits people through the myriad of crises they experience.

Community Catalyst also learned from our implementing partners. In the process of implementing the existing Community Catalyst Social Determinants of Health train the trainer curriculum, the three partner organizations requested a more intentional anti-racist and racial justice-informed social determinants of health curriculum. The design of this curriculum outline, which falls outside the scope of this project, is a product of the bidirectional learning and co-creative nature of this project.

#2: Give Organizations Decision-Making Authority in how they use Funding and Provide Support Where Needed

Giving each partner a voice in how their project funds could best be used to meet emerging community need in the face of the COVID-19 pandemic resulted in the following shifts:

- **Investment in infrastructure.** This infrastructure allowed projects to continue to reach community members in a virtual environment and will continue to allow them to more effectively connect with grassroots leaders and broaden their overall advocacy reach.
- **Deeper community relationships.** Community organizations chose to invest in meeting the immediate needs of the community. Listening to the community and prioritizing their needs meant that project sites could build trust and deeper relationships with community members, laying the foundation for longer-term changes.

#3: Provide Support to Address the Unexpected

Organizations could not have anticipated the pandemic and its far-reaching impact on communities. Community Catalyst, in partnership with The Kresge Foundation, worked quickly to change course and be responsive to the needs of the partners. Community Catalyst supported each site as they worked to restructure their projects in real time to be more reflective of the existing environment. Each site had a clear idea of what needed to be done and where they should focus. Community Catalyst was able to come alongside those projects and provide additional capacity building where needed. Communities will inevitably encounter unexpected crises and hardship in the future, so centering adaptability and flexibility in projects will help make them more successful.

CONCLUSION

The experiences of the three sites in the *Building Community Capacity to Shift Health Care Investment* project reveal the importance and potential of deep community involvement in health systems advocacy work. The flexible project structure enabled each site to be more effective at working with and engaging their communities. Sustained community input was possible when projects were not locked into an original project plan that was not responsive to community needs. Because this flexibility allowed for mid-course changes, advocates were able to be nimbler in their work, respond to the ever-changing COVID-19 pandemic environment, achieve important victories for their communities, and build a stronger and longer-lasting grassroots leadership base.



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