



Coaction Institute

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Impact of the COVID-19 Pandemic on Community Health Collaborations

For Coaction Institute - Dory Escobar, PhD and Martin Rivarola, MPH Candidate
For Univ. of San Francisco - Nina Anderson, MPH; Elena Peterson, MPH; Amanda Rehn, MPH

Since the outbreak of the worldwide COVID-19 pandemic, organizations and business of all kinds have had to reexamine and modify ways in which they work together, both internally and with external stakeholders. For those whose missions focus on population, community and public health, these reflections and adjustments have occurred in especially urgent circumstances. The remarkable work of those on the front lines and those behind the scenes is generating understanding of all aspects of the novel virus' origins, risk and protective factors and consequences at breakneck speed. One aspect of our understanding that has been less thoroughly addressed is the impact of the pandemic on existing collaborative efforts addressing a variety of community health issues. In response, Coaction Institute engaged the support of summer interns from the University of San Francisco's Master of Public Health program. The students assessed the impact on coalitions in Washoe County, Nevada and Sacramento and Yolo Counties in California; exploring potential differences between those led by public agencies and those led by non-profit organizations or volunteers. With little time in which to engage stakeholders for interviews and in the context of the pandemic's effect on availability, the results reveal a need to both expand and deepen this exploration. It is unlikely that any work associated with community health will return to previous norms and standard flows, including that of collaborative practice. The identification of challenges experienced, strategies found to be most helpful and new innovations is essential for future efforts. Coaction Institute looks forward to continuing this work and sharing the wisdom gleaned from the field.

Coaction is grateful for the dedication and efforts of its summer interns – Nina Anderson, Elena Peterson, and Amanda Rehn – as well as the Institute's associate, Martin Rivarola, who served as their preceptor and mentor throughout the project. The following is a summary of what they learned and recommendations for further exploration.

Participant Engagement in the Study

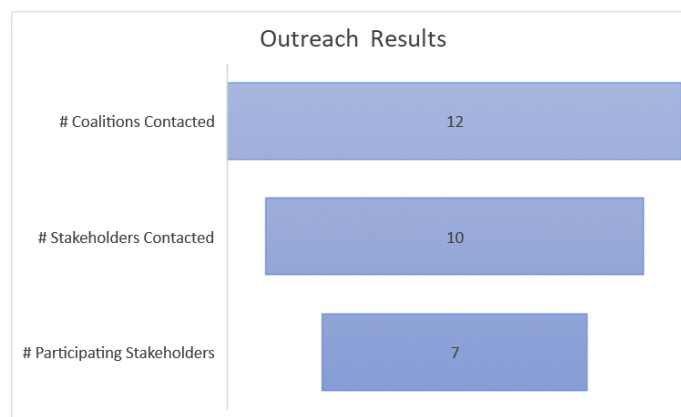
As mentioned earlier, the pandemic created additional hurdles to engaging stakeholders for participation in these interviews, always a challenge for researchers. However, one aspect of the interns' outreach efforts was unrelated to the public health emergency. The availability of information about coalition staff, leadership and membership was found to be limited and inconsistent. While some websites listed member organizations, information on the specific representatives was not always available. Others that listed names, often provided no contact information, which may have been found after extensive internet searches, but sometimes was not. Coalitions staffed by public agencies provided the staff member's contact information on their websites, but this was not often the case for others. Those included in public health departments or divisions had to divert staff to COVID-19 response and recover activities. After multiple internet

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searches, the student assigned assessment of the Washoe County coalitions in Nevada, where she had completed a previous project, was able to identify 19 individual stakeholders, for whom only 2 email addresses were found. This student suggests that both her association with a California-based University and her San Francisco area code may have generated less interest in participation in the study. As we contemplate future community health collaborative efforts, the value of local immersion cannot be understated as a continued asset in stakeholder engagement. Fully remote studies will require more time and additional strategies to build relationships that will stimulate interest and a belief in the relevance of participation to local partners.

One of the students assessing California-based coalitions found that the public agency staff listed for one of the coalitions was out of the office, either on vacation or perhaps furloughed or reassigned to the pandemic. However, as the coalition members' names were listed on the website, she was able to reach out to some of them on LinkedIn. This resulted in a quick and positive response to her request for an interview from 2 coalition members. Another coalition listed a phone number for the coordinator, but no email address, resulting in an extended game of phone tag. With multiple attempts and follow-up this student did have some success in engaging stakeholders in interviews about the impact of the pandemic on their collaborative practices. She recommends considering using LinkedIn as an initial outreach strategy in future efforts. The third student had a similar experience, using both emails and voicemails to engage stakeholders in the study. As her peers did, she concludes that both the difficulty in finding contact information for coalition staff and members, as well as the pandemic negatively impacted the availability of stakeholders and recommends extending the time allotted for this initial process. Information available on the websites of public agencies stated that individual phone lines were being redirected to one central line. It is quite possible that because this project was not related directly to the urgent COVID response, voicemails left on that line were not returned.



Results of Initial Study

Changes in Engagement

Stakeholders reported that their groups struggled to reset their coordinated work at the onset of the pandemic. They shared that elevated levels of stress and steep learning curves created delays in transitioning to virtual communication and other collaborative practices. While some meetings and shared work have moved online, others were simply suspended. Some of those making the shift to remote engagement discovered that initial attempts at telephone conferencing

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limited meaningful dialogue among participants. In looking for ways to address this, they found that video conferences increased both attendance and active participation in meetings. In fact, some reported increases over past in-person meetings and are discussing sustaining this method of collaborative practice. Not only does increased virtual practices embraced by coalitions and their member organizations create opportunities for the participation of new members, but the increased access to community meetings such as city councils and commissions, school boards, and others have helped to inform and inspire greater engagement as people and organizations learn more about inequities and unmet needs. Coalitions serving and engaging youth were especially able to move more smoothly from in-person to virtual functioning. This may be due to not only generational differences in comfort and competency with technology, but also to the challenge of transportation inherent in in-person participation in these collaborative efforts.

While the coalitions led by non-profit organizations or volunteers experienced significant challenges and declines in member and stakeholder engagement, those led by public agencies experienced increased engagement. This may be due to their increased access to technology and human resources, and local political influence and support.

Changes in Focus

The disproportionate impact of the pandemic on certain populations, especially people of color, older adults and asset-poor communities and individuals, has shone a light on long-existing inequities in the social and economic factors underlying health disparities. Affordable and safe housing, access to satisfying and sustaining employment, community infrastructure, racism, xenophobia, antisemitism and other discriminations have all been brought out of the historic shadows in the United States. While these inequities and injustices are not new, the sunlight shone on them during the pandemic has stimulated the need for community health collaborations to reassess their focus and priorities.

One shift in focus that participating coalitions reported is to advocate for access to technology and internet service that is necessary for families and individuals to stay socially connected, engage in school and work activities, and participate in community life. Others have shifted their current focus from long-term to short-term goals for both advocacy and service delivery. Several report putting previous plans on hold as they work to ensure needed health, housing, economic and other social resources for the populations that they serve or represent. Another shift that was reported by participants that they have experienced during the pandemic, regardless of the historic focus of their group, was an increased awareness of and attention to the mental health needs of their constituents and beneficiaries.

The changes in focus and increased awareness of inequities has also created new opportunities, including for building alliances with other coalitions and organizations. These new partners, such as the Black Lives Matter movement, represent stakeholders who were previously under-represented in the community health collaboration.

Changes in Funding

Coalitions funded by public trusts have not experienced changes or threats to their funding. Even some grant funded efforts report no change. Groups that are primarily volunteer driven and less dependent on financial contributions reported differing experiences, some seeing increased participation during the pandemic and some seeing a decrease.

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As the groups shifted focus to COVID impacts, new grant funded opportunities surfaced, however those dependent on corporate or private donations are either already feeling or fear the effect of the significant economic downturn in their communities and the nation. Some report engaging their membership in advocacy to influence the use of local and regional governments' use of federal stimulus funding through the CARES Act or other sources.

Recommendations

Collaborative Practice

- Strive to understand how the emergency is impacting individual members and stakeholders and advocate for and facilitate their access to needed supports and resources.
- Maintain a set meeting schedule, even if the frequency is reduced.
- Advocate for and provide resources needed to ensure that coalition members and other community members have the technology and access required for virtual participation, including phone apps, often more accessible than computer-based communication platforms.
- Partner with local governments and industries to increase internet access for low-income residents to ensure their availability to be active participants in community health collaborations.
- Facilitate a process that is inclusive of internal and external stakeholders to reconfirm mission, vision, and values; and to reassess and prioritize goals and strategies.
- Tap into youth leadership to help lead coalitions into virtual collaborative practices.
- Advocate for transparent and accessible contact information on community health coalition leadership to facilitate stakeholder engagement and participation.

Further Study

- For all future study, especially during active public health emergencies, expand the time allotted to engage study participants to ensure that there are enough to formulate generalizable results.
- Pursue more input from stakeholders to understand the differences in impact on coalitions facilitated by private and public agencies, looking for conditions and practices that could be adopted by others with sufficient advocacy and support.
- Explore institutional policies and procedures that either hinder or enable virtual collaborative practices.
- Study the barriers and facilitating factors for remote collaboration and explore the role of youth as leaders in the new virtual organizational framework.
- Surface and share what's working.

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Appendix 1: Stakeholder Interview Questions

1. Has the current pandemic created barriers, such as a drain of resources, or conflicts that are making this organization's efforts within coalitions difficult? How are these barriers and conflicts being addressed?
2. Collaboratives are by nature adaptive, adjusting their approaches based on current information, changes in conditions, and data on progress towards goals. Are there notable differences or changes in collaborative practices (strategies and actions) employed prior to and during the pandemic?
3. Considering this organization's mission and goals, can you provide some examples of how this organization completes mission-driven leadership within the community it serves, both prior to and now during the COVID-19 pandemic?
4. What internal administrative strategies have changed since the current pandemic? For example, has this organization been forced to let employees go? Or are most employees able to work from home and maintain a level of productivity?
5. How has the level of engagement changed for community members and stakeholders? Did this organization add or strengthen the relationship amongst its stakeholders?
6. Has the current pandemic influenced any of your organization's priorities? Has your focus changed? How do you decide what is important to address?
7. How is this organization funded? How has the current pandemic impacted this organization's streams of funding?
8. What are some key lessons or takeaways that this collaborative has learned from the current pandemic?

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