

CBOs, FBOs

& WHY THEY
MATTER FOR A
HEALTHY SAN
FRANCISCO



COMMUNITY- AND FAITH-BASED ORGANIZATIONS' VITAL CONTRIBUTIONS
TO SAN FRANCISCO'S SUCCESSFUL COVID-19 RESPONSE AND LESSONS
FOR CURRENT HEALTH EQUITY EFFORTS

A Systematic Qualitative Study



Photography and screenshots of videos featured throughout the report were taken during STOP COVID Collaboration events, including the community mural celebration in April 2024, the 27th Annual Chinatown Community Health Fair in Oct. 2022, and the Día de Los Muertos celebration [in date]. Special thanks to mural artist and community partner Josué Rojas and videographer Luis Montoya.

On the cover: [Insert description of how the mural was painted by diverse community group and explaining the symbolism reflected in the mural.]

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“The community saved the city”

- SFDPH staff member

The Research

San Francisco gained recognition for one of the most successful, comprehensive COVID-19 pandemic responses in the US. Community- and faith-based organizations (CBOs/FBOs) played a critical role in the response, particularly in uplifting and meeting the needs of marginalized communities. We sought to identify the ingredients that promoted effective partnerships during the pandemic and could inform future collective impact efforts to advance health equity. We interviewed 31 representatives from 17 local CBOs/FBOs and city agencies to discuss their experiences and perspectives.

The Key Findings

The conversations revealed five key themes in describing the common ingredients that led to CBOs and FBOs making vital contributions to the city's successful COVID response.



A strong, existing CBO/FBO infrastructure in San Francisco served as a foundation for partnerships in response to COVID.



An impressive willingness and ability of CBOs/FBOs to extend their reach of services to people outside of their historical focus...



CBOs/FBOs' ability to rapidly pivot to take on services and operations outside their traditional scope



CBOs/FBOs were instrumental as community advocates, ensuring that vulnerable populations received the necessary care and resources.



Post-pandemic, many CBO/FBOs expressed concern about impending funding cuts and a reversion to a diminished role for them in public health initiatives.



Implications

- Favorable media profiles celebrating San Francisco's successful pandemic response have been replaced with distorted stories of the San Francisco "doom loop" fixating on crime, homelessness, substance use, and downtown decay. To the extent that news media cover CBOs/FBOs, content now often sensationalizes allegations of fiscal improprieties in their management of city contracts.
- These portrayals of San Francisco do a disservice to the City and the important role that CBOs/FBOs play in addressing the health and social needs of San Francisco residents. The City's exemplary accomplishments in forging effective cross-sectoral partnerships to mobilize a citywide response to a public health emergency hold lessons for what is required to more effectively address ongoing community health priorities.
- Our findings illuminate the critical contributions of CBOs/FBOs to the COVID-19 response and the importance of continuing to support these organizations as vital assets for improving the health and well-being of San Francisco's marginalized communities.

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Executive Summary

San Francisco gained recognition for one of the most successful, comprehensive COVID-19 pandemic responses in the US.

Community- and faith-based organizations (CBOs/FBOs) played a critical role in the San Francisco pandemic response, particularly in uplifting and meeting the needs of marginalized communities.

These organizations enhanced the reach of communications on mitigation measures, delivered services in highly affected neighborhoods, collaborated with the SFPDPH and other institutions in iterating policies and programs in response to rapidly changing pandemic dynamics, and forged cross-sector partnerships. Little research has focused on the role of CBOs/FBOs in the San Francisco pandemic response.

A team of UCSF and community organization researchers conducted a study to comprehensively investigate the involvement of CBOs/FBOs in the partnerships contributing to the success of the San Francisco model. The study goal was to elucidate the ingredients that promoted effective partnership during the pandemic that might inform future efforts in San Francisco and other communities to optimize the role of CBOs/FBOs in collective impact initiatives to advance health equity. Thirty-one representatives from 17 San Francisco CBOs/FBOs and city agencies participated in interviews between November 2022 and March 2023 to discuss their thoughts and perspectives about the role played by San Francisco CBOs/FBOs in how they responded, adapted, and changed to meet community needs during the COVID-19 pandemic.



Key Themes

Five emerged from these interviews:

1. The Foundation of Pre-existing Partnerships
2. Willingness to Form New Partnerships Across Sectors
3. Taking on New Roles and Responsibilities
4. Importance of Community Advocacy
5. Structural Racism and Fears of Retrenchment



1. The Foundation of Pre-existing Partnerships

A significant strength for the COVID response was the pre-existing relationships between CBOs/FBOs and with the San Francisco Department of Public Health (SFPDHP) and other departments of the City and County of San Francisco.

One CBO leader emphasized how existing coalition relationships allowed groups to quickly mobilize:

"Chinese hospital, YMCA, a number of the NICOS members, they were meeting regularly. And when the SROs, the single hotel room, had a small outbreak, there were like two or three buildings, they immediately formed a small group to go in."

An FBO leader commented:

"Fortunately, the [CCSF] clerk was a good friend of mine, and I picked up the phone, basically because the relationship was there, and I said, 'What can we do?' And we did! Nine-tenths of this is about relationships, and investing in those relationships."



Nine-tenths of this is about relationships, and investing in those relationships.

- FBO leader



Because of this pandemic, we all suffered the same, and that has united us... I mean, that's definitely a silver lining."

- CBO leader



2. Willingness to Form New Partnerships Across Sectors

The pandemic unveiled new opportunities for cross-sector collaborations, utilizing a collective impact model that brought together CCSF, UCSF, CBOs/FBOs, and businesses to respond comprehensively to community needs.

One CBO leader stated:

"... we partnered with the YMCA down the street, we partnered with the wellness center down the street, Boys and Girls Club... because of this pandemic, we all suffered the same, and that has united us... I mean, that's definitely a silver lining."



3. Taking on New Roles and Responsibilities

CBO and FBO leaders described opening up testing and vaccination sites at churches and other community sites.

A CBO leader commented on changing the focus of their employment development program:

"During the pandemic our hotel training stopped...we have a culinary art training program for entry level cooks and waiters and servers in the restaurant business. But all the restaurants closed, all the hotels closed, so all those people lost their jobs and were laid off...So, we worked with OEWD [Office of Economic and Workforce Development] to shift some of our training to appliance repair."

Another respondent from an environmental justice CBO mentioned their pivot to food services:

"We've learned the food industry to the point where we now have a warehouse doing six different charitable distribution programs."



We were not taking no for an answer...This was life or death.

- CBO leader



4. Importance of Community Advocacy

CBOs were instrumental as community advocates and navigators, emphasizing equity and ensuring that vulnerable populations received the necessary care and resources. Efforts included addressing language barriers and advocating against systemic inequities.

One CBO leader asserted:

"We were not taking no for an answer. We were getting the resources to our community by any means necessary because this was life or death."

A representative from SFDPH offered a complementary perspective on the importance of CBO/FBO advocacy:

"The other thing that we heard and that has definitely worked is continuing to build authentic partnerships and that means really trusting that community can lead and we have stepped aside and let them lead and supported and provided the resources needed so that they could do the work. And I want to echo and give credit to [a colleague] who in conversations months ago said, the community saved the city and that is true."



Implications for Policy and Practice

This systematic study of CBO/FBO representatives' perspectives on the role of their organizations' partnerships in the successful San Francisco response to the COVID-19 pandemic, complemented by interviews with SFPD representatives, illuminates the critical contribution of CBOs/FBOs to this collective impact endeavor.

Study findings also reveal the precarity of CBO/FBO partnerships in collective impact efforts. The unique circumstances of a public health emergency facilitated deeper, broader, and more empowered CBO/FBO partnership in a citywide response. Infusion of one-time funds, flexible contracting terms, and recognition of the stark racial-ethnic and social class inequities apparent at the onset of the pandemic all contributed to more effective and expansive engagement of CBOs/FBOs in the pandemic response. These circumstances changed as the pandemic ebbed. When our interviews were conducted early in 2023, many CBO/FBO respondents expressed great concern about impending, large cuts in funding from SFPD and other CCSF agencies and a reversion to business as usual with a diminished role for CBOs/FBOs in public health initiatives.

Our findings illuminate the critical contributions of CBOs/FBOs to the COVID-19 response and hold important lessons for supporting these organizations as critical assets in ongoing efforts to improve the health and well-being of San Francisco's marginalized communities.

This study is particularly timely in the context of current events in San Francisco. Favorable media profiles of San Francisco celebrating its successful collective impact effort during the pandemic have been replaced with distorted stories of the San Francisco “doom loop” fixating on crime, homelessness, substance use, and downtown decay.

To the extent that news media cover CBOs/FBOs, content now often sensationalizes allegations of fiscal improprieties in their management of city contracts. These portrayals of San Francisco do a disservice to the City as a whole and in particular to the important role that CBOs/FBOs play in addressing the health and social needs of San Francisco residents.

The fears expressed during interviews of impending retrenchment have been more than borne out by recent major reductions in City funding of CBOs/FBOs and imposition of burdensome new terms for contract compliance.

Our findings illuminate the critical contributions of CBOs/FBOs to the COVID-19 response and hold important lessons for supporting these organizations as critical assets in ongoing efforts to improve the health and well-being of San Francisco’s marginalized communities.



Introduction

San Francisco gained recognition for one of the most successful, comprehensive COVID-19 pandemic responses in the US.

A key element of the San Francisco model was a leveraging of partnerships and public trust.

A recent report highlighted the key elements of the San Francisco model:

1. Aggressive mitigation measures to protect populations at risk for severe disease,
2. Prioritization of resources in neighborhoods highly affected by COVID-19,
3. Timely and adaptive data-driven policy making, and
4. Leveraging of partnerships and public trust. ¹

These strategies contributed to San Francisco having an excess mortality rate in 2020 that was half that of California as a whole. An additional report focused in greater depth on the application of these strategies in the collaboration between the San Francisco Department of Public Health and health care delivery organizations during the pandemic. ²

Community- and faith-based organizations (CBOs/FBOs) played a critical role in all four elements of the San Francisco pandemic response, particularly in uplifting and meeting the needs of marginalized communities.



These organizations enhanced the reach of communications on mitigation measures, delivered services in highly affected neighborhoods, collaborated with the SFPDPH and other institutions in iterating policies and programs in response to rapidly changing pandemic dynamics, and forged cross-sector partnerships.

These organizations enhanced the reach of communications on mitigation measures, delivered services in highly affected neighborhoods, collaborated with the SFPDPH and other institutions in iterating policies and programs in response to rapidly changing pandemic dynamics, and forged cross-sector partnerships. Although the role of CBOs/FBOs in the San Francisco pandemic response has been profiled in documentary film and other media, these organizations have not featured as prominently in formal research on the local COVID-19 response. Although the role of CBOs/FBOs in the San Francisco pandemic response has been profiled in documentary film and other media, these organizations have not featured as prominently in formal research on the local COVID-19 response. One published case study described CBO and university partnerships in San Francisco during the pandemic, and another qualitative research study reported analyses of interviews with CBO representatives conducted early in the pandemic.

We conducted a study to comprehensively investigate the involvement of CBOs/FBOs in the partnerships contributing to the success of the San Francisco model.

Our goal was to elucidate the ingredients that promoted effective partnership during the pandemic that might inform future efforts in San Francisco and other communities to optimize the role of CBOs/FBOs in collective impact initiatives to advance health equity. What pre-existing assets and organizational capacity to adapt to a public health emergency allowed CBOs/FBOs to be successful partners? What distinct added value did these organizations contribute? What were the facilitators and barriers to effective partnerships? To explore these questions, we interviewed leaders from local CBOs/FBOs about their experiences in engaging their organizations in the COVID-19 response and their reflections on lessons for future health equity initiatives.



Our report of this study is particularly timely in the context of current events in San Francisco.

Favorable media profiles of San Francisco celebrating its successful collective impact effort during the pandemic have been replaced with distorted stories of the San Francisco “doom loop” fixating on crime, homelessness, substance use, and downtown decay. To the extent that news media cover CBOs/FBOs, content now often sensationalizes allegations of fiscal improprieties in their management of city contracts. These portrayals of San Francisco do a disservice to the City as a whole and in particular to the important role that CBOs/FBOs play in addressing the health and social needs of San Francisco residents. Our findings illuminate the critical contributions of CBOs/FBOs to the COVID-19 response and hold important lessons for supporting these organizations as critical assets in ongoing efforts to improve the health and well-being of San Francisco’s marginalized communities.

Methods

Study Team

The study team consisted of faculty and staff members at UCSF and leaders of four CBOs serving communities disproportionately affected by the pandemic: Instituto Familiar de la Raza, NICOS Chinese Health Coalition, the Rafiki Coalition on Health and Wellness, and the Samoan Community Development Center.

All are longstanding organizations in San Francisco that have previously collaborated to improve health for socially marginalized populations in San Francisco and partnered with UCSF team members on public health and community based participatory research projects. The San Francisco team was part of a statewide community engaged research network supported by a grant from the NIH Community Engaged Alliance Against COVID-19 Disparities (CEAL) Program. CBO and university team members collaborated in all facets of the project (apart from one aspect discussed below), including development of research questions and interview guide, participant recruitment, data analysis and interpretation, and writing and dissemination of study products. The study was approved by the UCSF Institutional Review Board (study #20-32672).

Study Design

The study team sought out CBO and FBO leadership perspectives on how their COVID-19 pandemic related work affected their relationships with stakeholders including community members, other CBOs, SFPD, UCSF and other institutions, and to explore their experience of these partnerships and lessons for future efforts.

The team aimed to learn how work conducted by the CBO/FBO during the height of the COVID-19 pandemic affected their thinking about partnerships with other CBO/FBOs, SFPD, and other city/county agencies, UCSF, and other institutions and organizations, including what went well and why, and what was difficult and why. The overarching goal was to gather and share important lessons from three years (2020-2023) of efforts mounting successful collaborations to advance community health and wellbeing.



CBOs, FBOs & SAN FRANCISCO'S COVID RESPONSE

Data Collection and Analysis

The study team recruited 15 San Francisco CBOs/FBOs and 2 city agencies to participate in a 1-hour online semi-structured interview between November 2022 and March 2023. Between one to three leaders from each CBO/FBO or city agency participated in the interview for a total of thirty-one participants. Each interview was facilitated by two UCSF study team members; CBO study members did not facilitate interviews to mitigate potential for conflict of interest given the subject matter of the study.

Each interview participant received a \$100 gift card. Interviews were recorded and transcribed. Participants discussed their thoughts and perspectives about the role played by San Francisco CBOs/FBOs in how they responded, adapted, and changed to meet community needs during the COVID-19 pandemic.

Three study team members identified emerging themes from the transcripts using a modified Grounded Theory approach, with the entire team then iterating themes and representative interview excerpts for each theme.

Organizations Participating in Interviews

3rd Street Youth Center & Clinic
Bayview Hunters Point Community Advocates
Bayview YMCA
Chinatown YMCA
GLIDE
Instituto Familiar de la Raza
Latino Task Force
Mission Neighborhood Health Center
NICOS Chinese Health Coalition
Rafiki Coalition for Health & Wellness
Samoan Community Development Center
San Francisco African American Faith Based Coalition
San Francisco Department of Homelessness & Supportive Housing
San Francisco Department of Public Health
Self Help for the Elderly
San Francisco Interfaith Council
Young Community Developers

Results

Key Themes

Five emerged from these interviews:



1. Importance of pre-existing foundation of partnerships



2. Willingness to form new partnerships across sectors



3. Taking on new roles and responsibilities



4. Importance of community advocacy



5. Structural racism and fears of retrenchment



1. Pre-existing Foundation of Partnership

Throughout the pandemic response, a significant strength that emerged was the pre-existing relationships between CBOs/FBOs, the City and County of San Francisco (CCSF) including SFDPH, the Department of Children, Youth, and Families (DCYF), the Human Rights Commission, and the Office of Economic Development (OEWD), among others. These relationships facilitated rapid and effective collaboration, helping to address the multifaceted needs of diverse communities.

One respondent emphasized how existing coalition relationships allowed groups to quickly mobilize:

"Chinese hospital, YMCA, a number of the NICOS members, they were meeting regularly. And when the SROs, the single hotel room, had a small outbreak, there were like two or three buildings, they immediately formed a small group to go in." -CBO1

Another respondent highlighted historical collaborations that served as a foundation to extend their activities beyond their immediate community:



Nine-tenths of this is about relationships, and investing in those relationships.

- FBO leader



"I think for me, it's not necessarily new partnerships. Like I said, we have a long history of all of us being able to collaborate and answer to emergencies together. But I think what it was beautiful to see is that we didn't stay just in the Mission community...we were able to support the Pacific Islander community to start their hub and to really bring that community together and their programs and organizations together to maximize their capacity and their resources. I think also extending to Bayview-Hunters Point, where a lot of our families are now living, even though it's historically a Black community, we also have Brown community there. So how do we merge and how do we bridge those gaps in cultural understanding that exists there?" -CBO2



We all suffered the same, and that has united us... I mean, that's definitely a silver lining."

- CBO5



Another response illustrated the swift mobilization due to existing relationships:

"Fortunately, the [CCSF] clerk was a good friend of mine, and I picked up the phone, basically because the relationship was there, and I said, 'What can we do?' And we did! Nine-tenths of this is about relationships, and investing in those relationships, and when there's a change in political figures or religious leaders, getting on right away and fostering relationships with their successors, because this is going to happen again, it's going to take a different face, but it's not rocket science. It really isn't."

-FBO1



2. Willingness to Form New Partnerships Across Sectors



The pandemic also unveiled new opportunities for cross-sector collaborations, utilizing a collective impact model that brought together CCSF, UCSF, CBOs/FBOs, and businesses to respond comprehensively to community needs.

A CBO leader discussed the need for adaptability and expanding scope through partnerships:

"So we definitely developed new partnerships. I mean that was like the word during the entire pandemic was partner and collaborate... we had to dig deeper, we had to go further, we had to move quicker... And what helped us was partnering with the right people..." – CBO4

Similarly, the as faith coalition leader highlighted the critical teamwork and partnership dynamics:

"It's about us making sure that the community is well and whoever we can partner with to make that happen, that's who we want to work with to make that happen." – FBO2

Another respondent also emphasized the development of new partnerships:

"... we partnered with the YMCA down the street, we partnered with the wellness center down the street, Boys and Girls Club... because of this pandemic, we all suffered the same, and that has united us... I mean, that's definitely a silver lining." – CBO5

Government agencies also widened the circle of their community partnerships in creative ways:

"When you build a collective impact approach, it can include so many people that we don't normally traditionally think of particularly in public health. So now we're broadening our understanding and are including artists-that's an incredibly important asset and approach that we've used.

You want to have your materials resonate with people so that it interests them and ...keeping that artist employed and engaged as part of the community. We continue to do work with the schools, other non-traditional partners-we've had attorneys, businessmen, small businesses, just really thinking outside of the box of who is the network within those communities."

-SFDPH

New partnerships also included ones between CBOs and academic institutions, as mentioned by this respondent from a workforce development organization:

"The UCSF relationship was brand new and I was really trying to uplift our partner organization.... Vaccination and testing--those were our two biggest things. So, we were working with UCSF to provide outreach and recruitment, we were providing information that [UCSF] had around testing, getting it out to community members... We were able to come to testing where we also had folks alongside UCSF... [UCSF has] all this data and information and we're like we know how to work and service people. We've been doing it for 40 years. There's something to be said about that."

-CBO6

COLLECTIVE IMPACT FRAMEWORK

CORE ELEMENTS

5. Continuous Communication

4. Backbone Infrastructure



1. Common Agenda

2. Shared Measurement

3. Mutually Reinforcing Activities



3. Taking on New Roles and Responsibilities

The pandemic necessitated a rapid pivot to address urgent needs such as food security, health services, testing, and vaccination hubs, which were previously outside the core missions of many organizations.

A testament to this adaptability came from an FBO leader:

"We reached out into our [community]... Then we also wanted to make sure that we spoke directly to what was happening, which was COVID itself. So we started opening COVID care clinics [in churches]..."

-FBO2

"We were not taking no for an answer ...This was life or death."

- CBO leader

A respondent from a CBO that historically focused on environmental justice work discussed the organization's venture into food provision during the pandemic:

"We've learned the food industry to the point where we now have a warehouse doing six different charitable distribution programs, and still planning the actual grocery store, which we think we'll incorporate later this year. But now we actually are players in the produce market, where our office is." -CBO7

The adaptation extended to innovative service delivery models, such as adopting virtual programs:

"...we found a way that work for their kids. And what it also helped to do is at the program and just speaking from a design space shifted." - CBO4

Similar creativity was evident in a respondent's comments about their CBO's collaboration with a CCSF government agency to modify an existing job training program:



"During the pandemic our hotel training stopped...we have a culinary art training program for entry level cooks and waiters and servers in the restaurant business. But all the restaurants closed, all the hotels closed, so all those people lost their jobs and were laid off...So, we worked with OEWD [Office of Economic and Workforce Development] to shift some of our training to appliance repair, which is kind of an innovative approach to provide other occupations during the pandemic when the restaurant and the hotel have no jobs. So, those are the fortunate relationships that we have [with] OEWD who support us to shift over. Because you can't do the same old thing when there's nothing at the end of the training for them to go work at." -CBO1

These new responsibilities benefited from the "on the ground" expertise of CBOs/FBOs, as indicated in this comment about a CBO collaborating with SFDPH in responding to COVID outbreak "hot spots:"

Knowing what hotspots are and what the kind of emerging needs are... that's another piece that we started to do...very early on. And that came out of the fact that we were included by SFDPH as part of planning for the neighborhood of Chinatown, to be in the loop on what's happening in the SROs [single room occupancy residences] since SROs make up a majority of the housing stock in San Francisco Chinatown." – CBO8

CBOs were instrumental as community advocates and navigators, emphasizing equity and ensuring that vulnerable populations received the necessary care and resources. Efforts included addressing language barriers and advocating against systemic inequities.

One CBO leader asserted:

"We were not taking no for an answer. We were getting the resources to our community by any means necessary because this was life or death."

A representative from SFDPH offered a complementary perspective on the importance of CBO/FBO advocacy:

"The other thing that we heard and that has definitely worked is continuing to build authentic partnerships and that means really trusting that community can lead and we have stepped aside and let them lead and supported and provided the resources needed so that they could do the work. And I want to echo and give credit to [a colleague] who in conversations months ago said, the community saved the city and that is true."

Several CBO/FBO respondents noted that their ability to do things differently was facilitated by flexibility from SFDPH in how organizations could deploy contract funding to rapidly respond to emerging community needs. One commented:

"As DPH gave funding to Excelsior Strong, what I saw was that rather than money being tied up in bureaucracy and held in line items that had been there for a really long time, we were able to make decisions about what our neighborhood needed and we were able to figure out how to best serve them. So we took the [funds] that were allocated from the Department of Public Health towards Excelsior Strong and we turned it into a program we called 'Mi Mercado.' This was a guaranteed food income pilot program that lasted for seven, eight months." -CBO2





4. Importance of Community Advocacy



CBOs were instrumental as community advocates and navigators, emphasizing equity and ensuring that vulnerable populations received the necessary care and resources. Efforts included addressing language barriers and advocating against systemic inequities.

An example was provided by a CBO leader:

"It was very important that we had also started to advocate a lot more also for the API community. Just being able to have a voice at the table, because I think a lot of what had happened along the way was that public health kind of dismissed the impact on the API community, there was a flyer that went out that was not translated into Chinese, even though that is a threshold language here. There was kind of implication that Asian-Americans were not a priority population, or even a complete blur in some of the materials that they were turning out and that was very concerning to us. And we voiced [this] and as a result, more of the equation gained visibility."

-CBO8

A powerful statement about advocacy was offered by a CBO representative:

"We were not taking no for an answer. We were getting the resources to our community by any means necessary because this was life or death."



5. Structural Racism and Fears of Retrenchment

The pandemic illuminated longstanding structural inequities, revealing both institutional challenges and directions for reform. While acknowledging progress made during the pandemic in modifying historical imbalances in power, decision-making, and control of resources between CBOs/FBOs and large institutions such as SFDPH, universities, and health delivery organizations, many CBO/FBO respondents expressed concern that as the pandemic waned, a promising model of collective impact was reverting to “business as usual.”

These concerns were amplified by the realization that a public health emergency generated unique circumstances facilitating collaboration, including a large infusion of funds from federal government and philanthropic sources and a willingness of local government agencies to be more flexible in their contracting processes with CBOs.

One CBO representative expressed concern that by the time of their interview in 2023, unraveling of the model meant that underlying structural causes of health inequities would persist:

“There was more of a commitment before than we’re seeing now in the recovery phase...[for] addressing a lot of those root causes and injustices of why our Latino population was so impacted by COVID...We were able to do things differently, and so what are those things that should not go back to the way they were, that need to evolve and continue to change.”



“What we came to realize was that that seat at the table was temporary.”

- CBO representative



Another stated:

"What we came to realize was that that seat at the table was temporary, and it was almost like [SFDPH] wanting to return to the status quo, what it was before, [but for me] knowing that if it wasn't for community support, these last two and half years, three years would have been worse, you know...I'm not going to say that I was blindsided, but it didn't limit the disappointment that I felt towards the city, knowing that we had such a key response and that they were always looking at it as a temporary solution not a permanent solution."

But this same respondent added a more hopeful perspective, emphasizing that constructive relationships forged during the pandemic response might have lasting value:

"Institutions are maintained by people, right, and so we establish relationships with people within these institutions who are true allies, who are really supportive of the work that we're doing, and so for the last two and a half, three years, we've been fostering those relationships, and now we have identified folks within these institutions who are allies who we can go to for support, and then they're able to use their positionality, their access to power to try to advocate from the inside for a lot of these strategies."

"We have folks throughout every segment of the city within different institutions who are in alignment with those values, with those principles, and who are able to use that to continue the advocacy."

- CBO3

An SFDPH respondent, acknowledging the waning of COVID funding, expressed a similarly hopeful note about enduring relationships:

"We are still trying to find ways to keep those partnerships [with CBOs/FBOs] although the funding is going away. How do we continue to support access to healthcare as we move forward?"

- SFDPH





Discussion and Policy Implications

Our systematic study of CBO/FBO representatives' perspectives on the role of their organizations' partnerships in the successful San Francisco response to the COVID-19 pandemic, complemented by our interviews with SFPD representatives, illuminates the critical contribution of CBOs/FBOs to this collective impact endeavor.

Our analysis identified key themes, including:

- A strong, existing CBO/FBO infrastructure in San Francisco that served as a foundation for partnerships in response to the COVID pandemic.
- An impressive willingness and ability of CBOs/FBOs to be boundary spanners during the pandemic by extending their reach of services to populations and neighborhoods beyond their historical focus, and by rapidly pivoting to take on services and operations outside the scope of their traditional work.
- The importance of CBOs/FBOs as community advocates, bringing community voices and perspectives to the collective impact table to move government and other large institutions to adopt more authentic community engagement and power sharing.

Our study highlights the instrumental role played by CBOs/FBOs in the successful San Francisco model during the height of the COVID pandemic. The City would be well served by its leadership remaining cognizant of the importance of supporting CBOs/FBOs in efforts to systematically promote health equity in San Francisco.

These findings are consistent with results of studies in other areas of the US documenting the important role of CBOs/FBOs in local mobilization in response to the COVID pandemic. ⁵⁻¹¹

At the same time, our findings reveal the precarity of CBO/FBO partnerships in collective impact efforts. The unique circumstances of a public health emergency facilitated deeper, broader, and more empowered CBO/FBO partnership in a citywide response.

Infusion of one-time funds, flexible contracting terms, and recognition of the stark racial-ethnic and social class inequities apparent at the onset of the pandemic

all contributed to more effective and expansive engagement of CBOs/FBOs in the pandemic response. These circumstances changed as the pandemic ebbed.

When our interviews were conducted early in 2023, many CBO/FBO respondents expressed great concern about impending, large cuts in funding from SFPD and other CCSF agencies and a reversion to business as usual with a diminished role for CBOs/FBOs in public health initiatives. As noted in the introductory section, these fears have grown as political and media attention in San Francisco shifts away from health inequities.

Health inequities in San Francisco remain pervasive and profound (cite data on disparities). The City's exemplary accomplishments in forging effective cross-sectoral partnerships to mobilize a citywide response to a public health emergency hold lessons for what is required to more effectively address longstanding but less dramatic health inequities in San Francisco.

Our study highlights the instrumental role played by CBOs/FBOs in the successful San Francisco model during the height of the COVID pandemic. The City would be well served by its leadership remaining cognizant of the importance of supporting CBOs/FBOs in efforts to systematically promote health equity in San Francisco.

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