

Guide to Community-First Funder Collaboratives

By Harder+Company Community Research | November 2018

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Dear Colleagues,

Many philanthropic institutions seek to ensure that people who have been systematically excluded from the riches of our nation have access to the resources and opportunities they need to thrive. In order to make progress toward a more equitable society, an increasing number of these efforts are focusing on building grassroots movements to advocate for policy and systems changes at state, regional and local levels. In supporting these efforts, philanthropy can help create real long-term changes. This guide describes a new model for supporting movement building, supported through a funders collaborative, and led by community-based organizations and their local constituents.

In 2014, Sierra Health Foundation launched the San Joaquin Valley Health Fund (the Fund) in response to the severe disparities in health, social and economic outcomes experienced by communities of color and low-income people in California's San Joaquin Valley. Based on research conducted by the Center for Regional Change at the University of California, Davis and funded by the W.K. Kellogg Foundation, we knew the scope of this challenge would require funding from multiple sources to make a difference. We also believed that before funders could take action, we needed time with community-based organizations and local leaders in the Valley to listen to their priorities and seek their guidance for our next steps.

Over the past five years, the Fund has been supported by 18 foundations, and the community-led movement now includes 90 community partner organizations. These partners are building a regional movement to hold public officials accountable for policies and systems changes that improve health and advance equity. The Fund does this by fostering the collective power of those working at the grassroots level through grants, networking, advocacy and learning opportunities, a community partner-driven policy committee, and a statewide event at the California State Capitol to present and advocate for the annual policy platform to legislative leaders.

As described in this guide and its [companion report](#), the Fund provides a model for other funders who want to support the expansion and deepening of community-led movements to advance equity through policy and systems changes. We believe it offers new knowledge on how to do this work at a regional level. This guide is intended to help others understand the value of community-led funder collaboratives and take the steps needed to build and implement them. The inequities we are fighting have deep roots and we continue to learn in partnership with community how best to address them. We hope you use this guide to apply and adapt the Fund's model to support community-led movements in other regions, leveraging the strength of the communities that are ready to advocate on their own behalf.



Chet P. Hewitt

President and CEO

Sierra Health Foundation

The Center at Sierra Health Foundation



La June Montgomery Tabron

President and CEO

W.K. Kellogg Foundation



Community-first funder collaboratives are an innovative model for bringing philanthropic and community partners together to invest in community health and well-being. By recognizing the leadership of community partners, this model strengthens local movements to advocate for policies and systems that are prioritized by the impacted community and address the root causes of inequity. For funders, the model offers strategies and structures that provide critical on-the-ground knowledge and increase the impact of their investments.

The model of the community-first funder collaborative draws on the work of the San Joaquin Valley Health Fund, managed by The Center at Sierra Health Foundation. Established in 2014, the San Joaquin Valley Health Fund and its 18 philanthropic partners have invested more than \$6 million in 90 organizations working to improve systems and policies that support health and racial equity.

This document is a starting point for organizations interested in convening, participating in, or catalyzing the development of a community-first funder collaborative.

WHAT'S IN THIS GUIDE?

- **Core elements** of a community-first funder collaborative
- **Benefits** of the model for communities and foundations
- A **case study** of the San Joaquin Valley Health Fund's implementation and early successes
- Key **questions and considerations** about community-first funder collaboratives

INTRODUCTION

Foundations are increasingly committed to investing in work that advances equity in communities that have historically been denied fair access to rights and resources. As part of this movement, more funders are recognizing that health and racial equity are best advanced with the leadership of community members who have been directly impacted by these disparities and inequities.

At the same time, funder collaboratives have emerged as one way for philanthropic organizations to learn from other funders, align funding priorities, and combine resources to achieve greater impact. While funder collaboratives can be an important tool for addressing the root causes of inequity in marginalized communities, community voice is an essential—and often missing—element when structuring funder collaboratives intended to advance or improve community conditions through policy and systems change.

The San Joaquin Valley Health Fund (the Fund) is an innovative example of a “community-first” funder collaborative that leverages funders’ collective investments while centering the voices and priorities of marginalized communities. Managed by The Center at Sierra Health Foundation (The Center), the Fund is a partnership of 18 national and California funders and 90 community partners in California’s San Joaquin Valley. Established in 2014, the Fund has invested more than \$6 million in local organizations working to advance programs and policies that promote health and health equity for all. In its first four years, the Fund has forged strong community partnerships, brought statewide attention to the Valley, and increased investments that have supported local organizations to set collective policy agendas, engage and mobilize community members, and advocate for change.

While the San Joaquin Valley’s context is unique, other regions in the country share its experiences of persistent poverty and racial, economic, environmental, educational, and social discrimination and inequitable distribution of public and philanthropic resources. Recognizing the Fund’s early successes, The Center partnered with Harder+Company Community Research to survey community partners and speak with funder partners and stakeholders to document the key elements of the Fund’s model. This guide is intended for other philanthropic organizations interested in replicating this approach in other regions of California and the United States with similar challenges and lack of adequate resources to address them.

WHAT IS A COMMUNITY-FIRST FUNDER COLLABORATIVE?

The core vision for community-first funder collaboratives is to achieve healthier and more equitable communities. This vision is not a new goal for foundations, nor for the organizations they support. In fact, continued inequity in opportunities and community conditions—including health outcomes—underscores the need for a new approach that can effectively generate progress toward this goal.

Community-first funder collaboratives were developed specifically for communities and regions where persistent racism, marginalization, and disinvestment have limited residents' opportunities for optimal health and well-being. Because of these deep-rooted causes, people in these regions are more likely to experience poverty, inadequate housing and public transportation, exposure to environmental hazards, limited access to high-quality education and living-wage jobs, and poor health. These conditions are often compounded by histories of insufficient public and philanthropic investment that have made it difficult to develop infrastructure to mitigate their impacts or address their causes.

As a tool to counter these multi-faceted challenges, community-first funder collaboratives integrate several key components:

- An **explicit focus** on achieving equity through locally prioritized, locally led policy and systems change.
- A **place-based** approach that takes into account the interconnected issues that a community or region faces, rather than focusing on a single issue.

- **Pooled funds** from multiple philanthropic partners who are looking to make their resources go farther and deeper in achieving impact.
- **Grants to local organizations** that immediately infuse a community with resources to support advocacy, leadership development, and community organizing activities.
- **Capacity-building support** for community partners, such as training, tailored technical assistance, and networking opportunities that support partners' ability to collaborate with each other on both local and region-wide initiatives focused on policy and systems change.
- A **collaborative structure** that brings funder partners and community partners together so that funder partners learn from the community, and local organizations are introduced to a broader network of funders.
- A **locally based organizing entity** that can manage the collaborative's funds, facilitate the collaborative, offer capacity-building support to community partners, and serve as a trusted local intermediary for funder partners.

This unique combination of components capitalizes on philanthropic investment capacity and local organizing power to support communities that are collectively building a movement for change.



WHAT SETS THIS APPROACH APART FROM OTHER FUNDER COLLABORATIVES?

A community-first funder collaborative's interconnected strategies place the experiences, priorities, and leadership of community leaders at the center of its work. This approach is critical for a community-first funder collaborative's ability to achieve its vision of healthier and more equitable communities. These strategies include:

- **Policy and systems change.** Advancing health and racial equity requires changing the systems that reinforce inequities in opportunity and well-being. With this explicit focus on policy and systems change, community-first funder collaboratives only support direct services when they are part of a larger advocacy strategy. In addition to investing in community partners' own advocacy activities, a community-first funder collaborative acts as a facilitator for region-wide policy activities and agenda-setting.
- **Community organizing and leadership development.** Health and racial equity can best be advanced through the voices, participation, and leadership of the community residents who experience the greatest inequities. Community-first funder collaboratives fund efforts to build the power of local leaders who have historically been excluded from decision-making processes, including people of color, people who are undocumented, and young people (among others).
- **Political capital and leadership.** Political capital is the ability to leverage one's influence, relationships and power to bring about policy change. Community-first funder collaboratives offer grants to local organizations to mobilize community residents and build their political capital. Furthermore, a funder collaborative leverages the collective voice of its funder partners to amplify and complement the community's efforts to advocate for health and racial equity.
- **Education and knowledge.** A community-first funder collaborative learns directly and proactively from the organizations and residents in the region. In addition, community-first funder collaboratives can fund



research and learning opportunities that help key stakeholders better understand the area's health and racial inequities, and build the case for investment in the region.

- **Effective communication strategies.** Communication is at the core of successful relationships with community members. Key communication strategies for community-first funder collaboratives include hiring local staff with knowledge of the region, being accessible to partners, and creating opportunities for regular dialogue and feedback. Community-first funder collaboratives also seek ways for key decision-makers to hear directly from community residents encountering the greatest inequities, alongside the organizations that advocate with and for them.
- **Strengthening organizations and networks.** Community-first funder collaboratives play an important role in building the capacity of local organizations. Collaboratives can help organizations build relationships with a wider network of funders, which can be particularly important for previously ignored geographies and smaller organizations that may not attract much philanthropic attention but that work closely with vulnerable populations. Furthermore, community-first funder collaboratives offer technical assistance and learning opportunities that increase partners' capacity, ability to organize, advocate, and build a movement with residents and other organizations.

THE SAN JOAQUIN VALLEY HEALTH FUND: A CASE STUDY FOR COMMUNITY-FIRST FUNDER COLLABORATIVES

California's San Joaquin Valley is a growing, economically important, and largely under-resourced region in California. The Valley is home to more than four million people, and its strong agricultural industry produces almost \$40 billion in crops that are exported across the country and the world. The region's diverse population brings vital workforce skills and entrepreneurship to the economy, and is supported by community organizations that have built on the United Farm Workers' legacy of organizing and advocacy.

Despite this wealth, 400,000 children in the Valley live below the Federal Poverty Level. Disparities are stark in communities of color. While 20 percent of white children under the age of six are poor, that percentage increases to 30 percent for Asian and multiracial children, 40 percent for Latino children, and 60 percent for African American children. Economic inequities in the region, histories of racial residential segregation, and inadequate basic infrastructure have contributed to high rates of asthma, obesity, heart disease mortality, and homicide. While the need for investment is great, per capita support from federal agencies is only 73 percent that of the national average, and per capita nonprofit revenue is only 50 percent of the national average.¹

Recognizing these severe health disparities and underinvestment, Sierra Health Foundation leadership—including President and CEO Chet P. Hewitt, former Vice President of Programs and Partnerships Diane Littlefield, and Director of Health Programs Kaying Hang (now the Vice President of Programs and Partnerships)—began to meet with Valley residents and stakeholders in 2013 and 2014. This listening tour helped foundation leadership hear directly from community members and see first-hand the challenges they faced. It also confirmed that organizations in the San Joaquin Valley supported an approach focused on strengthening the nonprofit sector's capacity for policy and systems change advocacy as a means of advancing racial and health equity. Furthermore, the tour highlighted the importance of adhering to the following principles in their investment strategy:

- **Listening with no set agenda** and following the community's lead in defining priorities for any funding strategy.
- **Maintaining a physical presence in the Valley** and hiring local staff familiar with regional issues, community organizations, leaders and policies.
- **Investing directly in San Joaquin Valley organizations** that know the region intimately and have cultural and linguistic competency and trusted relationships with communities, even if they are smaller or less well-known organizations.
- **Bringing others along** by partnering with funders, local organizations, and key influencers to address the deep-rooted and complex needs of the region.

Based on their learnings, The Center at Sierra Health Foundation launched the San Joaquin Valley Health Fund in 2014, with a goal of strengthening the capacity of the Valley's communities and organizations to advance policy changes that promote health and health equity for all. After making three initial pilot grants, the Fund began offering \$10,000-\$20,000 small grants in 2015 to organizations pursuing advocacy, policy, and systems change in issues prioritized by the community. Since then, the Fund has made three additional rounds of small grants to local organizations. In 2017, the Fund also began piloting

Fund Development Timeline

2013	Community listening tour
2014	3 invitation-only pilot grants awarded (\$139,000) 2 funder partners
2015	100 applicants to first open Request For Proposal (RFP) Small grants to 30 organizations (\$490,000) 3 funder partners
2016	75 applicants to second RFP Small grants to 58 organizations (\$1.03 million) 7 funder partners
2017	101 applicants to third RFP Small grants to 54 organizations (\$960,000) 4 multi-year cluster grants awarded (16 orgs, \$2.04 million) 9 funder partners
2018	85 applicants to fourth RFP Small grants to 58 organizations (\$975,000) 18 funder partners




¹Great Valley Center. *Assessing the Valley via indicators: The economy* (4th edition). 2014.

three-year “Healthy Communities Cluster Grants” through a grant from the W.K. Kellogg Foundation. These grants provide up to \$600,000 to groups of organizations coming together to work on a common policy goal. A strategy for social impact investing represents the Fund’s next step toward increasing investment, collaboration, and concrete policy change in the San Joaquin Valley.

The number of philanthropic partners has grown as the Fund has matured. In 2015, the Fund received grants from three foundations (Sierra Health Foundation, The California Endowment, and the Rosenberg Foundation). As of 2018, 18 funder partners from across California and the country have contributed to the San Joaquin Valley Health Fund. The Fund’s staff works closely with each funder partner to ensure that their contributions align with the Fund’s focus on policy change to achieve health and racial equity, while being consistent with each foundation’s specific goals.

Four years into its trajectory, the Fund has invested more than \$6 million in grants to a network of 90 organizations in the San Joaquin Valley. To achieve a healthier and more equitable San Joaquin Valley, the Fund has utilized the six key strategies of a community-first funder collaborative. Key activities for each strategy—as well as key successes—are described below.



Strategy	Activities	Early Successes
 Policy and systems change	Working closely with community partners to develop a collective policy agenda, and communicating that agenda to state and local elected officials at <i>Equity on the Mall</i> , an annual rally at the California State Capitol.	<p>In 2018, more than 50 organizations contributed to the selection of the 2018 San Joaquin Valley Health Fund policy platform's five priority areas: health, education, environment, land use planning, and immigration (I.H.E.E.L.). This policy platform, which is updated annually, can be accessed on the San Joaquin Valley Health Fund's web page.</p> <p>More than 1,500 community leaders, families, young adults, and community organizers participated in <i>Equity on the Mall</i>, where community partners presented the unified I.H.E.E.L. Policy Platform to legislative and other state leaders and local elected officials.</p>
 Community organizing and leadership development	Prioritizing funding for organizations with an explicit focus on advancing equity through increasing civic engagement, supporting leaders of color and training the next generation of community leaders.	Fifty-five percent of surveyed community partners reported that the Fund increased their skills and experience to engage community residents in advocacy efforts. As one community partner shared, "We absolutely could not have done this policy work without this funding. We've made tremendous progress in San Joaquin County through this funding."
 Political capital and leadership	Supporting local champions to use their political capital to advocate on the Valley's behalf and leverage their own political capital to amplify the community's advocacy efforts.	One of the Fund's first grants went to the Reinvent South Stockton Coalition, started by then-city councilmember and current Stockton Mayor Michael D. Tubbs. As a long-time partner of the Fund, Mayor Tubbs has taken a lead role in organizing elected officials representing the region to raise awareness of the Valley's assets and advocate for increased investment in the Valley and its residents.
 Education and knowledge	Funding research that documents the Valley's strengths and challenges, underscores community voices and priorities, and serves as an advocacy tool for Valley residents.	Staff and funded partners have used research for presentations to elected officials and funders to highlight challenges and opportunities in the Valley. Integrating community voice into this research and into all of the Fund's communication has, as one stakeholder put it, made it possible for people across the state to "hear real people in real communities affected by real issues tell their own stories."
 Effective communication strategies	Working diligently to build sustained, trusted relationships among community partners and funder partners.	Eighty-seven percent of surveyed community partners reported that the Fund "understands the communities my organization works with." Several partners noted the benefits of interacting with staff who "come from similar backgrounds of the population we serve," and who "made efforts to better understand the complexity of the work we do."
 Strengthening organizations and networks	Offering learning opportunities and regular convenings to partners to build their capacity to advocate for change.	Eighty-seven percent of surveyed community partners reported that the Fund accelerated their ability to achieve systems and policy change, and 89 percent reported that it increased their connections with other funded partners. One partner shared that the Fund's greatest value "has been the connection to all the other organizations [and] the ability to learn from them...You really can't put a price on that."

WHAT STRUCTURES SUPPORT AN EFFECTIVE COMMUNITY-FIRST FUNDER COLLABORATIVE?

Like other funder collaboratives, a community-first funder collaborative can be adapted to meet the needs of the community it seeks to support, the funder partners who are engaged, and the organization that spearheads the collaborative. Certain structures, however, can be particularly important for keeping community leaders and priorities at the center of its work. The structures described below reflect insights from San Joaquin Valley Health Fund staff, leadership, funder partners, and community partners about the elements that have been instrumental to this community-first funder collaborative's early successes.

- **Management of pooled funds by an independent organization.** The San Joaquin Valley Health Fund is managed by The Center at Sierra Health Foundation, an independent nonprofit affiliated with Sierra Health Foundation. The Center oversees the Fund's grant-making decisions, ensuring that grants satisfy the Fund's focus on community-driven policy and systems change and reflect the community's priorities. At the same time, The Center's deep philanthropic experience and regional ties equip staff to work closely with funders to align their investments with their own funding priorities. The Center also has been careful not to "compete" for grants available directly to other Valley nonprofit organizations; instead, the Center works to connect funders with local organizations when the funder is interested in funding directly.
- **Expertise of a local lead organization.** In addition to managing grant-making activities, The Center helps implement the Fund's programmatic activities. This includes coordinating learning and networking opportunities for the 90 partner organizations, conducting site visits, and providing technical assistance. With offices in both Sacramento and the San Joaquin Valley, The Center is immersed in the Valley's particular context and environment. Furthermore, The Center intentionally hired staff who live in, are from, or have extensive experience working in the San Joaquin Valley. Surveyed community partners placed great value in local staff, and appreciated their efforts to learn more about the region and each organization's work. Ellen Braff-Guajardo, a former national Program Officer at the

"WE MADE IT CLEAR WHO WAS SITTING AT THE TABLE FIRST...IT WAS VERY INTENTIONAL [BECAUSE WE HEARD] FROM THE COMMUNITY PARTNERS THAT THAT WAS IMPORTANT TO THEM."

**- Diane Littlefield,
former Vice President of Programs
and Partnerships, Sierra Health Foundation**

W.K. Kellogg Foundation and current Senior Program Officer for the San Joaquin Valley Health Fund, also emphasized that local staff "can be a welcoming bridge between new funders and the organizations."

- **Intentional strategies to include smaller organizations.** The Fund was structured to ensure that smaller organizations had a seat at the decision-making table. During its first two years, the Fund primarily made grants to smaller organizations that may not have previously focused on policy efforts or received investments from large foundations. Diane Littlefield, former Vice President of Programs and Partnerships at Sierra Health Foundation, said "We made it clear who was sitting at the table first... it was very intentional [because we heard] from the community partners that that was important to them."
- **Partnership between funder partners and community partners.** The Fund is explicit about building long-term relationships with its community partners. Acknowledging this relationship, staff refer to funded organizations and funders as "community partners" and "funder partners" rather than grantees and program officers. Furthermore, while the Fund framed its focus broadly on achieving health and racial equity through policy and systems change, all partners understand that priorities are set by community partners. As described by Jahmal Miller, former Deputy Director of the California Office of Health Equity, "there is a proactive effort to engage with the community. Communities really helped design what the programmatic focus would be."

HOW DO FUNDERS AND COMMUNITIES BENEFIT FROM COMMUNITY-FIRST FUNDER COLLABORATIVES?

A community-first funder collaborative allows both funders and communities to learn from each other and benefit from their participation:

COMMUNITY PARTNERS CAN...

Build a movement for change. All key strategies of a community-first funder collaborative are focused on increasing the ability of communities to advocate for health and racial equity. These collaboratives can accomplish this by strengthening networks between organizations, identifying shared goals and policy platforms, fostering trust and understanding between organizations, supporting community organizing, supporting region-wide capacity building and learning, and encouraging collective action that addresses the root causes of inequity. Community organizations that participate in community-first funder collaboratives play an indispensable role in advancing this movement for change.

Drive the agenda. Community-first funder collaboratives allow community organizations and residents to play a vital role in defining policy and funding priorities for a region, and driving the collaborative's policy agenda. One of the Fund's community partners shared an appreciation for this approach, noting that the Fund "continually asks for our opinion and includes us in the decision-making process."

Build relationships with other funders. Organizations in historically under-resourced regions often have limited connections with larger state and most national funders. This can be particularly challenging for small rural nonprofits, which often serve the most marginalized communities. Participating in a community-first funder collaborative can therefore be an important opportunity to connect with, build relationships with, and potentially receive future funding from new funders. According to a survey of the San Joaquin Valley Health Fund's partners, 49 percent reported that the Fund increased their organization's ability to obtain funding from other sources.

Benefit from learning opportunities that increase capacity for policy advocacy. A key strategy of a community-first funder collaborative is to build the capacity of local organizations to advocate for policy changes that address the root causes of health and racial inequity. Organizations that participate in these activities can gain key skills for community organizing and policy advocacy. Fifty-seven percent of the Fund's surveyed partners reported increasing their knowledge and skills for policy change advocacy.

FUNDER PARTNERS CAN...

Increase the impact of their investments to achieve equity. Community-first funder collaboratives can multiply the impact of contributions when they are aligned with the funder partner's priorities. As one of the Fund's funder partners remarked, "We want organizations working on the issues we care about to get the resources they need, and I think [the Fund] did a really great job of aligning our priorities with the needs of the region." As another funder shared, "one of the really beautiful possibilities for the San Joaquin Valley Health Fund is that, as a funder, you can get the bang for the buck in terms of whatever the amount of your contribution. I believe it's a much more attractive opportunity to a funder, especially a smaller funder."

Respond to the community's agenda. Many funders recognize the critical importance of funding strategies that reflect the community's priorities, but know that substantial investment of time and resources is required to achieve this. A community-first funder collaborative offers mechanisms for funders unfamiliar with a region to listen and respond meaningfully to community-driven agendas. Melina Sanchez, a Program Officer at The James Irvine Foundation, stated that the "model of the pooled fund allows for a [national or statewide funder] to say 'We want to be partners, but we know you know your community.'"

Build relationships with local organizations. Making a grant to a community-first funder collaborative can be a low-risk way for funders to receive an introduction to the region and learn more about the work happening on the ground. Learning more about the region can, in turn, help funders to identify additional opportunities to make investments. As Fatima Angeles, Vice President of Programs at The California Wellness Foundation, shared that their partnership with the Fund "allows us to learn more about what's happening in the area... We are a more informed funder, and because we are more informed, we are investing more in the region."

Benefit from the collaborative's grant-making structure. When a trusted local intermediary manages a community-first funder collaborative's pooled fund, funder partners can benefit from the intermediary's administrative capacity and familiarity with local organizations. As one of the Fund's funder partners shared, "the vetting's already been done. There's a level of credibility that helps us from a due diligence perspective."

KEY QUESTIONS AND CONSIDERATIONS

For organizations that are considering starting or joining a community-first funder collaborative, the following key questions and considerations may help them determine whether this approach is the right fit for the goals they seek to accomplish.

What types of situations are best addressed by a community-first funder collaborative?

Community-first funder collaboratives specifically provide a model for serving under-resourced regions and communities that have experienced systemic racial, health and socioeconomic inequities that must be addressed through policy and systems change. Although the San Joaquin Valley Health Fund includes “health” in its name—and determinants of health are often a priority in marginalized communities—community-first funder collaboratives do not have to focus exclusively on health, even in the broadest sense. Rather, they should be organized around the issues that matter most to the identified community or region.

Who should lead a community-first funder collaborative?

To lead a community-first funder collaborative, an organization must have the capacity and experience to satisfy the model’s key elements. Based on the experience of the San Joaquin Valley Health Fund, an organization that is best-suited to lead this effort has the following features:

- A **commitment to** achieving equity through systems and policy change.
- **Strong leadership** committed to the collaborative’s vision and strategies, who can raise its visibility, and are willing to leverage their own political capital.
- **Offices located in the region**, and staff who understand and reflect the experiences and backgrounds of community members.
- **Administrative infrastructure** to support a pooled fund. For the San Joaquin Valley Health Fund, The Center at Sierra Health Foundation has been instrumental because it operates as an independent nonprofit that can apply for, accept and manage grants made from other foundations. As a 501c(3) organization, it can also complement partners’ advocacy through its own advocacy activities.

**“KEEP THE COMMUNITY AT THE CORE.
LET THOSE VOICES BE HEARD, EMPOWERED,
SO THAT IT REALLY HELPS TO SPARK A
CULTURALLY RELEVANT MOVEMENT.”**

**- Jahmal Miller,
former Deputy Director of the California
Office of Health Equity and San Joaquin
Valley Health Fund stakeholder**

- **Trusted reputation** as an organization that can steward funds, build partnerships among a broad network of partners, offer an independent platform for the community’s agenda, and support community partners to advance their policy and advocacy work.
- **Dedication to keeping community at the center of the work.** Jahmal Miller shared the critical importance of this value: “Keep the community at the core. Let those voices be heard [and] empowered so that it really helps to spark a culturally relevant movement.”

Where do we start?

While the impetus and origins for community-first funder collaboratives are likely to vary depending on the region, leadership, and early partners, lead organizations should consider starting with the following steps:

- **Establish a strong foundation in data.** Starting with data can be an effective way to build the case for funders and community partners to invest in the region. For example, the San Joaquin Valley Health Fund partnered with the UC Davis Center for Regional Change to highlight the San Joaquin Valley's educational, socioeconomic, and political resources, as well as the inequities faced by residents. As one funder stated, these reports helped to “frame the whole project,” identifying both the scope of the region's issues, the impacted communities' priorities, and the partners who could help address them.
- **Seek out community input.** For a collaborative to put the community first, it must not be designed from the top down. Engaging community leaders and representative members early in conversation about how the data shows up in community, what they identify as policy priorities, and what a healthy and equitable community even means can begin to clarify priorities, build relationships and trust, and deepen understanding of the region's realities for vulnerable populations.
- **Build relationships with key local partners.** The San Joaquin Valley Health Fund began with a small number of invitation-only “special opportunity” pilot grants with respected advocacy organizations in the region. Other community-first funder collaboratives may benefit from this intentional approach to establishing relationships and gaining introductions to key issues and community leaders who are engaged in the work.
- **Recruit other funders.** In its earliest stages, leadership at Sierra Health Foundation personally invited funders to join the San Joaquin Valley Health Fund. This approach proved successful because of Sierra Health Foundation's strong philanthropic network and reputation. Funders with common missions and strategies can be a natural starting point for these collaboratives, even if they have not worked previously in the geographic region. Starting small can work: the San Joaquin Valley Health Fund began with initial funding from just two partners, but quickly grew to seven funders in its second year.

FOUNDATIONS INTERESTED IN TARGETING SYSTEMIC CHALLENGES AND COMMITTED TO THE COLLABORATIVE'S MISSION ARE WELL-SUITED TO BECOME FUNDER PARTNERS.

What is expected of funder partners who participate in a community-first funder collaborative?

Community-first funder collaboratives can include funders that span a wide range of sizes and missions. Foundations interested in targeting systemic challenges and committed to the collaborative's mission are well-suited to become funder partners. As noted earlier, bringing together funders that focus on a broad spectrum of issues prioritized by the community can diversify their ability to support local organizations.

A funder's level of involvement in the collaborative will vary depending on their interests and the collaborative's structure. The San Joaquin Valley Health Fund offers flexible, tailored options that fit each funder partner's capacity and funding priorities. Some funders are most interested in how their specific investments are being used, and participate in partner convenings when possible. Others regularly communicate with the Fund's staff, engage in learning more about the Fund's larger mission, or find ways to contribute additional resources that align with their foundation's interests and the Fund's needs. This flexibility is made possible because the Fund manages the grant-making process, and can therefore make independent funding and programmatic decisions. Regardless of their specific level of engagement, all funder partners are committed to learning from fellow partners and investing in community well-being.

What is expected of community partners who participate in a community-first funder collaborative?

Community partners must be interested in building their advocacy capacity, deepening their understanding and ability to address root causes of systemic challenges, and connecting with other organizations in these efforts. Moreover, as partners in the collaborative, local organizations must have a desire to express their voice in setting priorities, developing new strategies, and reflecting on process, progress, and lessons learned. It is incumbent upon the lead organization and funder partners to include community partners at the planning table, make space for their input, and to listen intently to the community “experts” about how existing policies, systems and conditions impact vulnerable community members’ health and limit access to the opportunities necessary to prosper.

As described earlier, the San Joaquin Valley Health Fund only supports direct services when they are part of a larger advocacy strategy. However, community partners do not all need to be experts in policy and systems change. Community-first funder collaboratives intentionally include organizations that do not already have advocacy capacity, but are committed to developing it.

Specific expectations about how community partners participate in a community-first funder collaborative will vary depending on the grants issued by the collaborative. The San Joaquin Valley Health Fund’s small-grant recipients, for example, often receive funding to cover a portion of staff time to pursue their advocacy activities and participate in at least three collaborative convenings during the grant period. In addition to these activities, recipients of larger “cluster” grants advocate in support of their policy target, contribute to participatory evaluation efforts, and share learnings and expertise across the network.

How do we build interest in a community-first funder collaborative?

A community-first funder collaborative can be an important tool for bringing renewed attention to a region and new and increased resources to address inequities. Stakeholders in the San Joaquin Valley Health Fund identified some of the key ways that they have built momentum and interest in their community-first funder collaborative:

COMMUNITY PARTNERS MUST BE INTERESTED IN BUILDING THEIR ADVOCACY CAPACITY, DEEPENING THEIR UNDERSTANDING AND ABILITY TO ADDRESS ROOT CAUSES OF SYSTEMIC CHALLENGES, AND CONNECTING WITH OTHER ORGANIZATIONS IN THESE EFFORTS.

- **Emphasizing the region’s strengths.** A strengths-based approach focuses on the region’s existing work and assets while continuing to expand the community’s power and potential. Sarah Reyes, Director of Communications for The California Endowment’s Building Healthy Communities work, shared the importance of this approach for the San Joaquin Valley Health Fund: “[it] honors the work that has been done, and honors the way that people work together in the Central Valley.”
- **Focusing on the connections between issues in the region.** Highlighting the connections between a broad range of issues can attract funders and partners who may not traditionally work together. Sasha Khokha, a San Joaquin Valley Health Fund collaborator and Central Valley Bureau Chief for the regional public radio station (KQED), commented on the role that the San Joaquin Valley Health Fund has played in making these connections. According to Khokha, the Fund is “looking at issues and disparities in the San Joaquin Valley in a really comprehensive way [to] form a complete picture of what is influencing public health outcomes.”
- **Amplifying community voices.** A community-first funder collaborative brings people from a region together to amplify their collective voices. Daniel Jimenez of the Community Water Center, a community partner of the San Joaquin Valley Health Fund, noted that “the Fund... [is] bringing organizations and communities together to tackle these issues... and to make our voices louder in the Valley.”

Simultaneously, this focus elevates individual stories about inequitable community conditions, and can therefore make those inequities more “real” to people outside the community.

- **Highlighting connections between the success of the region and the success of the entire state.** In California, the San Joaquin Valley can seem isolated from the rest of the state. However, people in the Valley have deep ties to other parts of the state and the region’s issues, such as access to water, that have consequences statewide. The success of the region and its most vulnerable residents therefore contributes to the success of other areas of California. Several funders and key influencers noted that an emphasis on these connections can be a compelling way to attract additional resources from statewide and national funders.

When do we see outcomes?

Like any initiative focused on policy and systems change, a community-first funder collaborative’s measureable progress toward goals is often several years in the making. Establishing community connections, building relationships among funded partners, and defining shared goals requires groundwork before the collaborative can begin taking steps toward its mission. While collaboratives will develop at their own pace, the San Joaquin Valley Health Fund’s experience may be instructive. The Fund set out to test their “proof of concept” over a five-year period. Early successes—including the development of their policy committee and the first Equity on the Mall—occurred during the Fund’s third year. Community partners are also beginning to see the results of their policy initiatives. For example, in 2018, four of the San Joaquin Valley Health Fund’s cluster grant partners—Center for Race, Poverty, and the Environment, Californians for Pesticide Reform, Community Alliance for Agroecology, and California Rural Legal Assistance—were instrumental in the adoption of statewide regulations to create drift-free pesticide zones around public schools and licensed child care facilities. This policy success—alongside others achieved by community partners—demonstrates both the long-term commitment needed to achieve policy change, and the potentially far-reaching impacts of those changes.

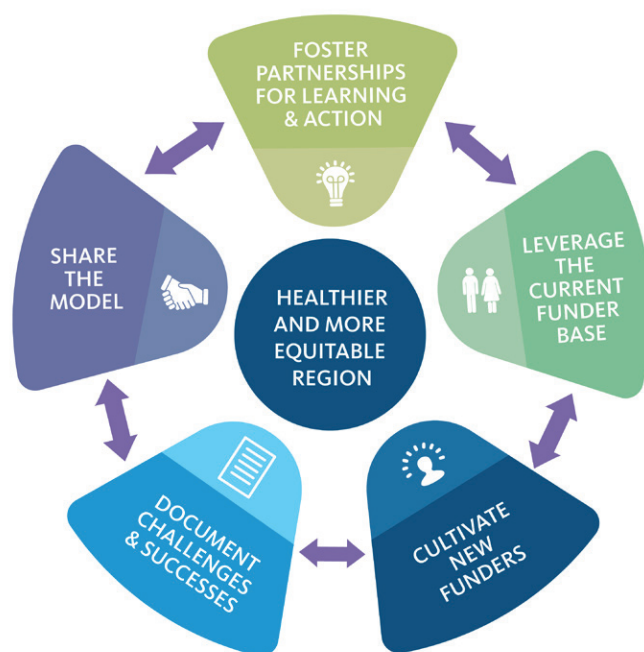
Documenting a collaborative’s progress is an important element of its early development. The process may include

defining implementation milestones to gauge progress, tracking specific indicators of interest such as numbers of partners or dollars invested in specific strategies, and feedback from key stakeholders and community partners about improvements in visibility and capacity. The San Joaquin Valley Health Fund has conducted regular assessments of its training opportunities, is supporting participatory evaluation carried out by cluster grantees, and periodically undertakes work to document the Fund’s development. These efforts help to tell the Fund’s story and elucidate exemplary practices.

What does it take to sustain this type of collaborative?

Once a community-first funder collaborative is launched, the lead organization and partners are instrumental to sustaining the model’s stability, growth and ongoing improvement. Key San Joaquin Valley Health Fund stakeholders shared their insights into the elements that can sustain this work:

- Commitment to **fostering partnerships for learning and action.** A community-first funder collaborative must be committed to fostering partnerships among all stakeholders. Connecting state and national funder partners to each other is beneficial for funders. Pablo Bravo, Dignity Health’s Vice President of Community Health, shared that the Fund “has added value because it has leveraged our money and extended our reach... [and] because we have new [foundation] partners that



we now work with.” Even more importantly, a community-first funder collaborative facilitates connections between community partners and funder partners. These connections are vital for identifying ongoing opportunities for investment that extend beyond the collaborative. Craig Martinez, Program Manager at The California Endowment and one of the Fund’s early partners, shared that they have been able to turn to the list of the Fund’s partners in order to “identify partners who may not have been part of our constellation before.” This has allowed them not only to “provide small funding, but be able to stimulate inventive and innovative work.”

- Ability to **leverage the current funder base**. A community-first funder collaborative is most successful when it can employ the unique knowledge and experience of its funder partners, particularly in areas beyond the lead organization’s own expertise. For example, the San Joaquin Valley Health Fund is strengthened by including funders with experience in specific components of the community’s priority agenda, including environmental justice and power building. Engaging current funder partners not only increases the collaborative’s impact; it also ensures that funders are effective ambassadors who can share the collaborative’s successes and attract additional funder partners’ interest and investment.
- Strategic efforts to **cultivate new funders**. As a community-first funder collaborative’s network of community partners grows, additional funds will be necessary to maintain the quality, breadth, and depth of its work to advance equity. Cultivating new funders is therefore necessary for the financial sustainability of this type of collaborative. The Fund’s holistic understanding of health—which also includes education, environment, land use, and immigration—has positioned the Fund to appeal to like-minded partners outside the network of traditional health access funders.
- Commitment to **documenting the model’s challenges and successes**. Tracking and measuring progress are often vital ways to sustain momentum and keep partners engaged in the advocacy process. Although traditional evaluation methods—such as the development of short- and mid-term outcomes and measurement of progress toward these outcomes—is important, stories that document a community-first funder collaborative’s successes are also a key tool. Sharing these stories via research, social media, journalism, and visual storytelling has been useful for the Fund. For residents and community partners, the stories are an opportunity to take pride in the changes they are fomenting individually and together. For current and potential funders, they demonstrate the Fund’s early wins. Allison Domicone, Program Officer for the Hellman Foundation, shared that “being able to have more stories about the impact—even if they are just anecdotal—will be really helpful for people who are starting to wrap their head around [movement building and systems change] and get a more tangible understanding of what the work is.”
- **Share the model**. The sustainability of a community-first funder collaborative relies on the ability of partners to share its story with stakeholders—including community members, organizations, and funders—that support regions continuing to experience deep inequities in resources and opportunities. The San Joaquin Valley Health Fund is committed to sharing this model with potential partners and organizations who can replicate the model across the state and country to advance a movement for health and racial equity.

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