EVALUATION AND LEARNING UPDATE #3

(JANUARY – JUNE 2023)

EQUITY IN OC

An Initiative of OC health CARE AGENCY

INTRODUCTION

This report provides an overview of the Equity in OC (EiOC) Initiative for the period beginning January 1 – June 30, 2023. The document provides a snapshot of the initiative, as well as highlights that inform the learning and initiative's commitment to continuous improvement.

The report is divided into the following four sections:

01 **What is Equity in OC?**
Initiative overview and theory of change

02 **Who is Equity in OC?**
Overview of participants and funding

03 **What does Equity in OC support?**
Overview of data related to 4 key goals that support Center for Disease Control and Prevention (CDC) activities and strategies

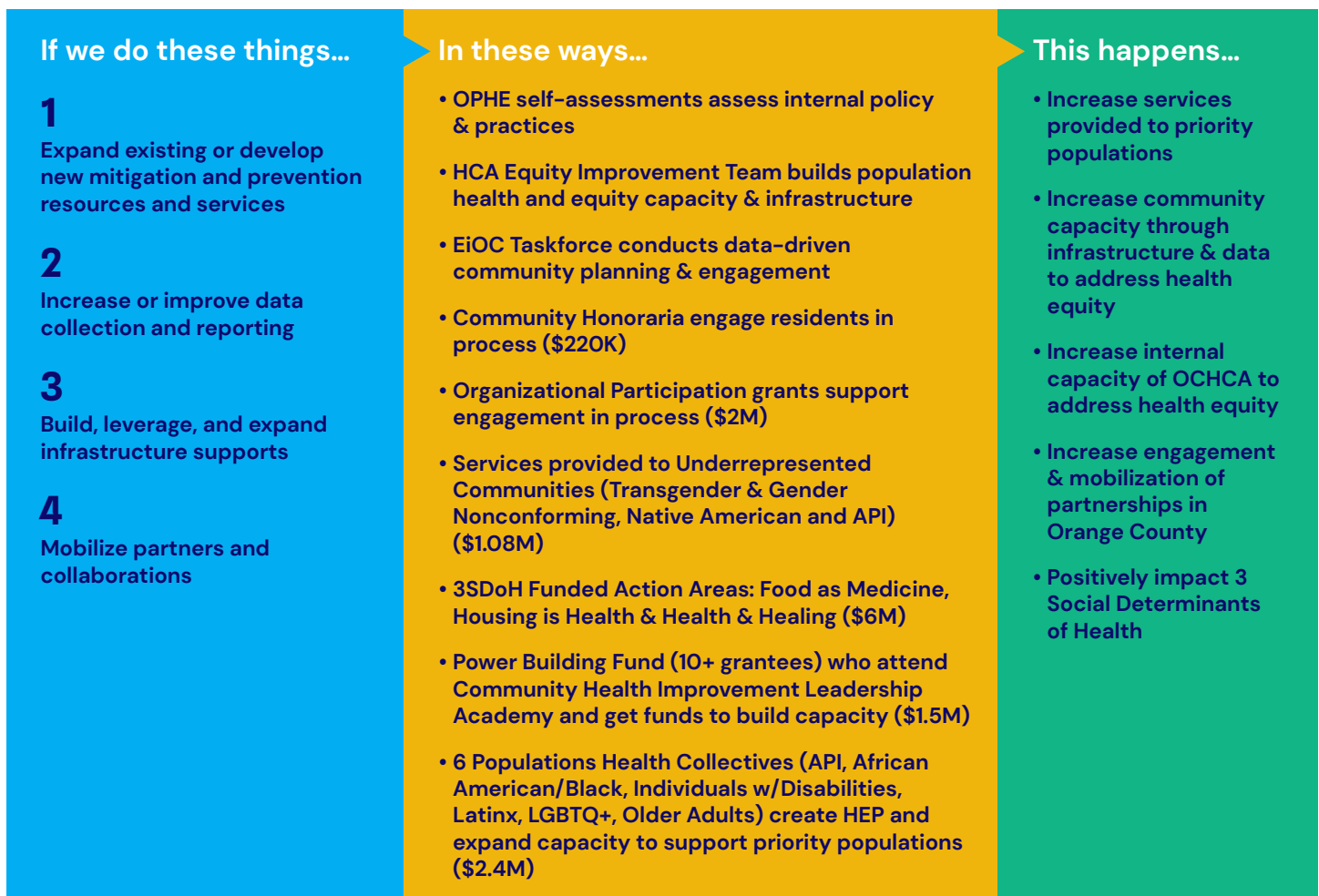**04** **What are we learning from Equity in OC?**
Reflections and next steps of the Equity in OC Initiative

WHAT IS EQUITY IN OC?

The Orange County (OC) Health Care Agency (HCA) Office of Population Health and Equity (OPHE) received nearly $23 million in grant funding from the Centers for Disease Control and Prevention (CDC) National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-OT21-2103). The long-term strategies of this two-year Equity in OC Initiative will:
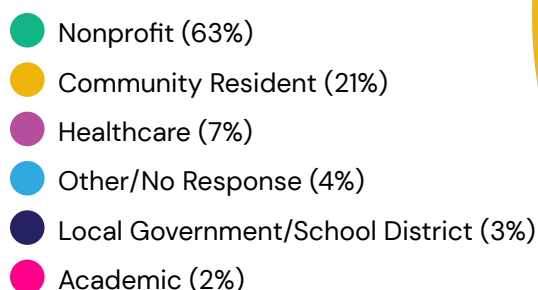
• Expand existing and/or develop new mitigation and prevention resources
• Increase or improve data collection, reporting, and infrastructure
• Build, leverage, and expand capacity and infrastructure of local health departments
• Mobilize partners and collaborators to advance health equity and address Social Determinants of Health (SDoH)

Equity in OC Theory of Change

If we do these things…	In these ways…	This happens…
1 Expand existing or develop new mitigation and prevention resources and services	• OPHE self-assessments assess internal policy & practices	• Increase services provided to priority populations
2 Increase or improve data collection and reporting	• HCA Equity Improvement Team builds population health and equity capacity & infrastructure	• Increase community capacity through infrastructure & data to address health equity
3 Build, leverage, and expand infrastructure supports	• EiOC Taskforce conducts data-driven community planning & engagement	• Increase internal capacity of OCHCA to address health equity
4 Mobilize partners and collaborations	• Community Honoraria engage residents in process ($220K)	• Increase engagement & mobilization of partnerships in Orange County
	• Organizational Participation grants support engagement in process ($2M)	• Positively impact 3 Social Determinants of Health
	• Services provided to Underrepresented Communities (Transgender & Gender Nonconforming, Native American and API) ($1.08M)	
	• 3SDoH Funded Action Areas: Food as Medicine, Housing is Health & Health & Healing ($6M)	
	• Power Building Fund (10+ grantees) who attend Community Health Improvement Leadership Academy and get funds to build capacity ($1.5M)	
	• 6 Populations Health Collectives (API, African American/Black, Individuals w/Disabilities, Latinx, LGBTQ+, Older Adults) create HEP and expand capacity to support priority populations ($2.4M)	

Create a healthier, more equitable Orange County

Today, there are 217 diverse partner organizations across Orange County.

● Nonprofit (63%)
● Community Resident (21%)
● Healthcare (7%)
● Other/No Response (4%)
● Local Government/School District (3%)
● Academic (2%)

Type of Partners in EiOC

WHO IS EQUITY IN OC?

As of June 2023, there were 217 partner organizations engaged in EiOC; this is an increase from 143 in June 2022. These organizations serve 17 distinct priority populations.

Priority Population	# of EiOC members providing services		Priority Population	# of EiOC members providing services	
	(JUN '22)	(JUN '23)		(JUN '22)	(JUN '23)
Latino/a community	86	92	LGBTQ+ community	45	50
Individuals in persistent poverty	81	84	Black community	40	44
Non-English speakers	73	77	Unhoused	40	43
Multi-ethnic	71	75	Gender minority	37	43
Mixed-immigration status	69	72	Native Hawaiian/Pacific Islander	24	29
Youth	66	69	Middle Eastern	23	38
Asian community	64	69	Veterans	20	23
Under-employed	59	62	American Indian/Native American	18	23
Older Adults	56	57			

Who is funded by Equity in OC?

Through June 2023, **seven (7) distinct funding opportunities have been created** for the Orange County community working to improve health equity. At the time of this report, **$10.4M has been distributed countywide.**

1 **Individual Community Member Honoraria** (Personal Service Contract)
- **$1,400 each for up to 78 individuals from Orange County**

  TOTAL FUND $110,000 annually

  (*22 awarded)

2 **Organizational Participation Grants**
- **$10K each for up to 100 OC-based organizations**

  TOTAL FUND $1M annually

  (*$990,000 awarded as some chose not to receive entire amount)

3 **Grants for Underserved/ Underrepresented Communities**
- **$180K each for 3 OC-based organizations** representing the Native Hawaiian and Pacific Islander; American Indian and Alaska Native; and Transgender and Gender Nonconforming communities

  TOTAL FUND $540,000 annually

4 **Population Health Equity Collective Grants**
- **$200K each for 6 Collectives** (Asian Pacific Islander, African American/Black, Latino, LGBTQ+, Individuals w/Disabilities, Older Adults)

  TOTAL FUND $1.2M annually

5 **Power Building Grants** (Rounds 1 and 2)
- **$50K each for up to 19 OC grassroots organizations** with budgets under $500K

  TOTAL FUND $1,000,000

6 **SDoH Implementation Grants**
- **$6M total available for 12 Implementation Partnership grants**
- 3 Social Determinants of Health Action Areas

  TOTAL FUND $5.96M over 18 months

  (began November of 2022)

7 **Food Security, Nutrition, and Access Collective**
- **$250,000** to the Collective focused on the Food Access Social Determinant of Health, expanding access to healthy foods

  TOTAL FUND $250,000

  (June 2023–May 2024)

WHAT IS SUPPORTED BY EQUITY IN OC?

Expand existing and/or develop new mitigation and prevention resources and services

Deliverables for this strategy were completed by a combination of work conducted by the Office of Population Health and Equity (OPHE) as well as elements conducted by the Underserved/Underrepresented Communities grantees. This work is related to direct resources and services provided to the Orange County community in partnership with community-based organizations serving communities impacted by COVID-19. The Orange County Health Care Agency (OCHCA) Public Health Services has conducted substantial work in the community by providing COVID-19 mitigation and prevention services. An overview of all County COVID-19 efforts can be found at occovid19.ochealthinfo.com/coronavirus-in-oc.

In addition to work conducted by the OCHCA, the **Underserved/Underrepresented Communities Grantees** (Native Hawaiians and Pacific Islanders; Native Americans, American Indians, and Alaska Natives; and Transgender and Gender Nonconforming Community) have conducted a combination of **supportive service, referral, linkage, outreach, and engagement** activities, related to COVID-19 for their respective communities. Below are highlights of these efforts.

During this period, the Underrepresented Communities Grantees completed their first year of work and have the following outcomes to report. The following data is a cumulative report of services provided in the Orange County community between April 2022–March 2023, reflecting all work.

Supportive Services Provided

- **100 Latinx** individuals were enrolled in patient navigation services. **Of these, 89** identify as Transgender, **7** as gender non-conforming, **4** as gay or lesbian. There have been **96** social support groups hosted; serving **244 unduplicated Latinx** clients provided information such as COVID-19 services, Monkey Pox, immigration services, HIV/STD prevention services, mental health and other information. In addition, **64 Latinx** clients have been provided with mental health services.
- **976 NHPI individuals** from the Native Hawaiian, Samoan, Tongan, Marshallese and Chamoru communities received support services such as: COVID Testing, Vaccine Assistance, Quarantine/Isolation Education, Translation, Food Assistance, Financial Assistance, Housing Assistance, Other Assistance (including legal), Disease Prevention or Case Management.
- **24 American Indian/Alaska Native (AI/AN)** have received a combination of services and supports.

Referrals & Linkages Provided

- **41 NHPI individuals** received referrals and linkages to the following services: testing follow-up, test results/notification, test results assistance, vaccine assistance, housing assistance, primary care linkages and other supports (including legal services).
- **86 Latinx participants** have been linked to food bank services, **14 Latinx** clients were provided transportation services, **29 Latinx** clients were provided with name and gender marker change services and an additional **59 Latinx individuals** were referred to medical, testing, and other social services.
- **150 AI/AN individuals** received linkages to both clinical (13) and non-clinical (137) supports in the community.

Outreach & Engagement Conducted

- Of the **715 Latinx** individuals outreached to, **309** identified as members of the LGBTQ+ community, of which **233** identified themselves as Transgender, Gender non/conforming, nonbinary or queer. Additionally, **1,049** flyers were distributed to the Latinx community and social media posts reached **42,569**.
- **843 NHPI individuals** from the Native Hawaiian, Samoan, Tongan, Marshallese and Chamoru communities were contacted via festivals, health fairs and door-to-door canvassing. In addition, **854** individuals were reached through phone banking. **520** individuals in the community were reached through fliers and social media posts reached **33,040**.
- **292 outreach events** reached a total of **23,210 AI/AN individual (this includes virtual events)**. In addition, **2,824** informational packets were distributed at community events.

Increase/improve data collection and reporting

Build, leverage, and expand infrastructure support

There have been substantial increases in both data and infrastructure supports during 2023. The contracted service providers, Advance OC and IHI have been working to provide data and infrastructure trainings and guidance to the EiOC grantees. In addition, grantees reported several increases to their data and infrastructure metrics below.
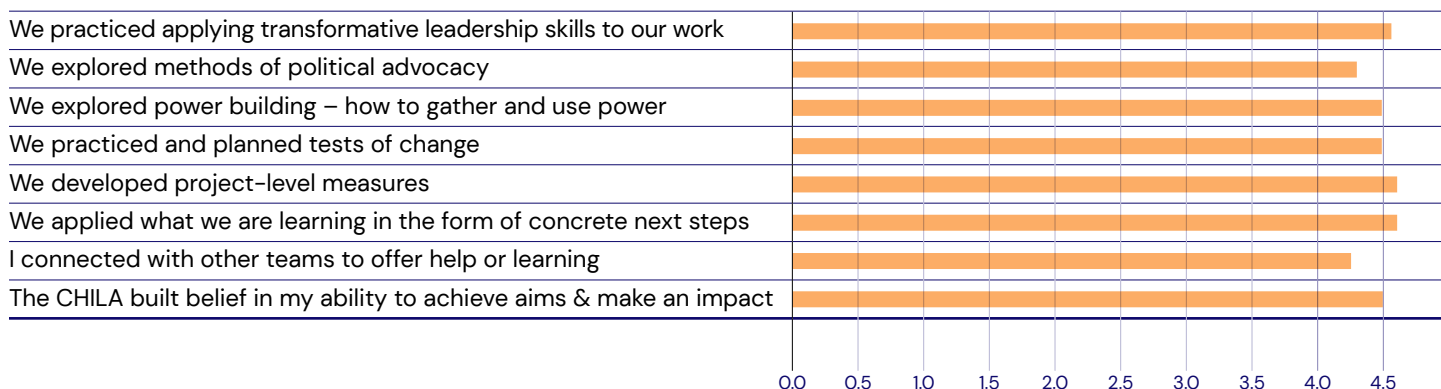
Advance OC Data Support

As a part of the overall EiOC data strategy, Advance OC has been contracted to support the EIOC grantees. They have **hosted 37 meetings for EIOC members and other community partners** from January 2023 to June 2023. Advance OC provided presentations on data principles, data training and 1:1 data support to EiOC grantees and partner organizations.

IHI's CHILA

In collaboration with the Office of Population Health and Equity (OPHE), the Institute for Healthcare Improvement (IHI) conducted a third multi-day **Community Health Improvement Leadership Academies (CHILAs)** where organizations could learn about systems change for health equity and form teams to work on projects and proposals. **The 3rd CHILA, held May 15–18, 2023, had participation from 250 individuals, with 52 participants completing the event survey.**

As the table below demonstrates, participants have truly found value in these convenings; helping them to strengthen their work in ways that will build resilience and strengthen their ability to provide services to the Orange County community.

Extent to which CHILA met objectives (0 = "not at all", 5 = "completely")

Objective	Rating
We practiced applying transformative leadership skills to our work	
We explored methods of political advocacy	
We explored power building – how to gather and use power	
We practiced and planned tests of change	
We developed project-level measures	
We applied what we are learning in the form of concrete next steps	
I connected with other teams to offer help or learning	
The CHILA built belief in my ability to achieve aims & make an impact	

EiOC Grantee Impacts

Underserved/Underrepresented Communities, Social Determinants of Health (SDOH) and Population Health Collective (PHC) Grantees have all strengthened their data and infrastructure capacities because of EiOC. During this reporting period, grantee organizations reported progress in several metrics related to data and infrastructure improvements. Together, **these 20 grantees have made substantial gains during this reporting period across all the data and infrastructure indicators**.

Data Collection & Quality Improvements	# grantees	% grantees
Explored other data sources for our target community	20	100%
Explored the OC Equity Map and OC Social Progress Index for data relevant to our community	19	95%
Created plans for collecting, analyzing and reporting data	16	80%
Implemented health equity data education efforts (trainings/workshops)	15	75%
Data coordination within or across departments and systems	15	75%
Added workforce support (staff or volunteer) for data collection, analysis, or reporting	14	70%
Shared data to tell a story to our partners	14	70%
Developed Monitoring and/or Evaluation Plan	12	60%
Shared data to inform our internal staff or board	8	40%
Established, enhanced, or maintained data systems	7	35%
Developed written key data principles and resources	1	5%
Developed plans for data quality assurance and improvement	1	5%

Several Population Health Equity Collectives have created **Data Work Groups** to ensure that their newly created Health Equity Plans are data-driven and relevant to the unique needs of their communities. In the second half of 2023–May 2024, these Collectives will begin to operationalize their Action Plans and implement the strategies identified around policy, systems change, and sustainability.

Infrastructure Improvements	# grantees	% grantees
Developed Health Equity Plans (*n=6)	6	100%
Improved cross-sector coordination and systems	17	85%
Expanded or enhanced workforce because of this funding	15	75%
Convened multisector coalitions or advisory groups	14	70%
External training or education has been provided to group	10	50%
Increased our agency resources/budget for data infrastructure	2	10%
Provided training or education within broader community	2	10%

The (6) PHCs each finalized a **Health Equity Plan (HEP), identifying strategies for how to best serve their communities in the upcoming years.** As their Collectives work to strengthen their data and infrastructure capacities, they are also working to expand their impact and reach in the community.

In addition, grantee survey data demonstrated that infrastructure and sustainability are being operationalized by increases in both additional funding and more intentional relationships with the OCHCA, creating more intentional partnerships for the long-term.

Survey Question	SDOH Respondents (n=12 teams)	PHC Respondents (n=6 collectives)
Were you able to leverage additional funding because of your engagement in EiOC?	33%	50%
Has EiOC allowed you to deepen your relationship with OCHCA?	58%	83%

From the baseline to post–test surveys of the **Population Health Equity Collective's** backbone agencies, we can see that Collectives have strengthened their infrastructure to ensure sustainability in the long–term. The table below identifies several areas where increases in structural and/or procedural capacity were made.

Please indicate your level of agreement/disagreement with the following statements about your Population Health Equity Collective. Our Collective…	% "Strongly Agree/Agree"	
	May 2022	**June 2023**
Has a clear system and process to integrate new Collective members	33%	67%
Has clear processes to address and manage conflicts or tensions	50%	83%
Has a clear governance structure and processes	50%	100%
Has a plan for sustainability	67%	83%
Has inclusive and transparent priority–setting/ goal–setting processes	67%	100%

STRATEGY 4

Mobilize partners and collaborators

EiOC grantees have been working in 2023 to create, expand or strengthen partnerships and collaborations—as well as OPHE and their internal work at HCA. This is reflected below in the **EiOC Grantee highlights, community member overview** and **highlights from OPHE's** internal work. Together this paints a picture of an initiative that is engaging a broad base of diverse organizations and individuals in the work of EiOC.

EiOC Grantee Highlights

Organization Primary Area of Focus	# grantees
Environmental	4
Faith Based	10
Financial Stability	21
Health/Mental health	63

Organization Primary Area of Focus	# grantees
Housing	17
Language Access	2
Legal Services/Advocacy	29

Of the **118 grantees funded by EiOC in 2023**, the organizations reported focusing primarily on the following issue areas. In addition, these organizations are based in **21 cities** across the County. This shows the diversity of the types of organizations supported and engaged in EiOC.

Population Health Equity Collectives

During the first year, the Population Health Equity Collectives (PHCs) all increased their membership, as demonstrated in their year-end reports submitted in June 2023. At baseline, there were **80 unique organizations** participating across the Collectives; at the end of **June 2023, Collectives reported 154 unique partners engaged in the work**.

83% of PHCs include individuals with lived experience of inequity in Collective meetings.

All Population Collectives have nonprofit organizations involved, and 83% have nonprofit service providers and community-based organizations. Half of the Population Collectives have healthcare, faith and community residents involved, and one-third report having college or university, housing services or the Health Care agency involved.

These Population Health Collectives have not only completed their respective Health Equity Plans but have done so in a way that meaningfully engages their community. From the baseline to post-test surveys of the backbone agencies, we can see that Collectives have been increasing the ways they learn from their community residents' lived experiences and incorporate it into their equity work.

Stakeholder Group	% of Collectives including this group
Community-based Organization	100%
Nonprofit Service Providers	83%
Nonprofit Advocacy Organizations	83%
Healthcare Systems	50%
Faith Community	50%
Housing/Homeless Services	33%
College/University Staff/Administration	33%
Business	17%
Elected Officials/Staff-City or School District	17%
Elected Officials/Staff-County	17%
Elected Officials/Staff-State	17%
OC Healthcare Agency	33%

Has your Collective done any of the following to understand the needs of your community most impacted by health inequities?	May 2022	June 2023
Hosted community forum/engagement events to hear from the community about their health needs	67%	67%
Leveraged expertise from grassroots organizations (parent/youth councils, neighborhood groups, etc.)	67%	100%
Used census or other data sets to inform your health equity work	67%	100%

In addition, backbone agencies surveyed reported that their Collective's ability to work together increased in several ways, sharing the following highlights.

Please indicate your level of agreement/disagreement with the following statements about the Collective members.	% all/majority of members	
	May 2022	**June 2023**
Regularly advocate for investment and policies that help achieve health equity	50%	67%
Inform one another of meetings they have with elected officials/staff	50%	67%
Communicate openly with one another	67%	83%
Learn from community residents to ensure their work meets their needs	67%	83%
Invest sufficient time and energy in the Collective	67%	67%
Share power effectively with other Collective members	83%	83%

100% of PHCs report having an inclusive decision-making process within their Collective.

SDOH Implementation Teams

SDOH Grantees began their work during Q4 of 2022. At that time, the twelve (12) grantees reported a combined 86 partner organizations and a total of 54 community residents with lived experience engaged in their various Implementation Teams. At the time of their 6-month reporting in 2023, grantees reported adding an additional 45 grantee partners.

These grantees are working on projects that impact the systems and policies surrounding housing, mental health, supportive health services and access, as well as healthcare systems improvements.

131
Partner
Organizations

+ **➤**

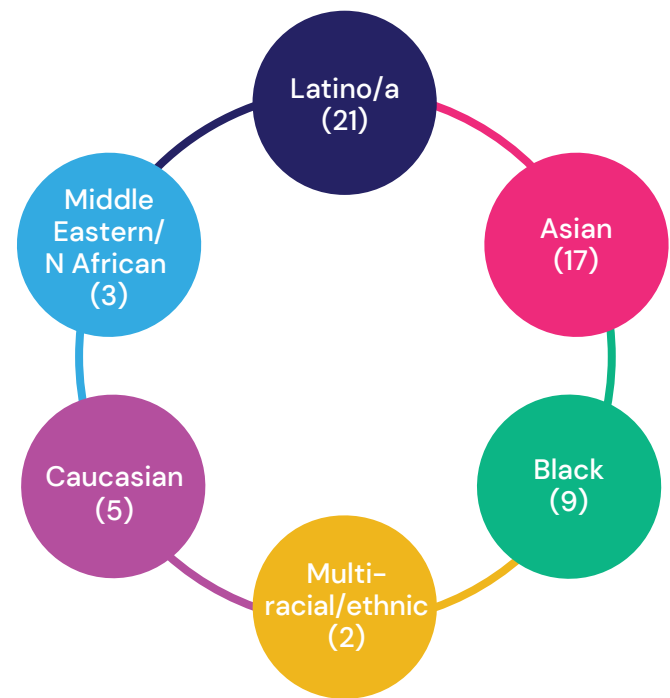**54**
Engaged
Residents

**185
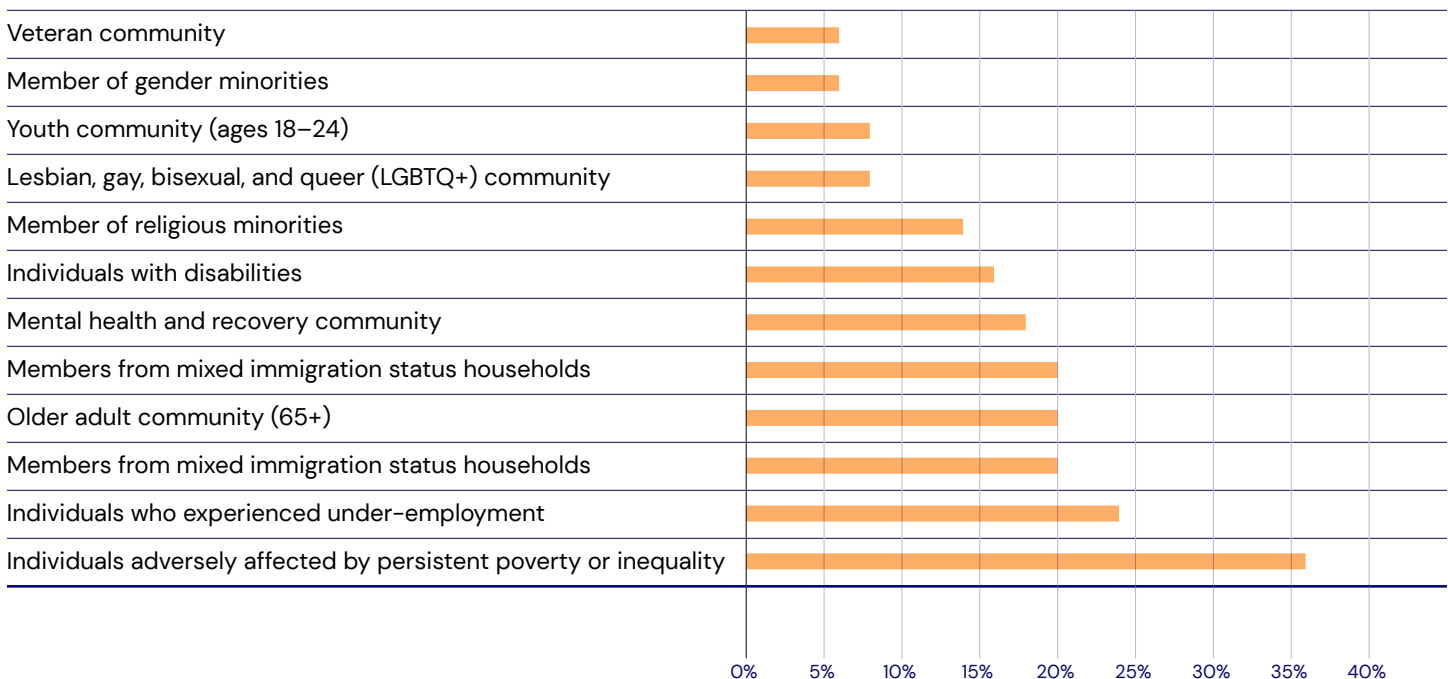SDOH
Partners**
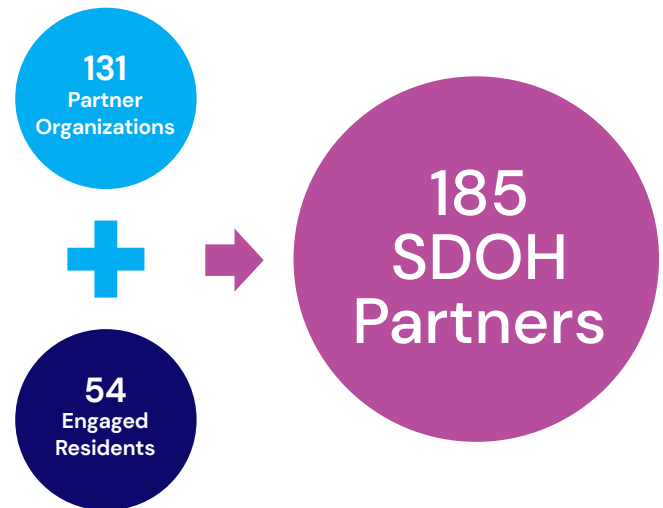
Power Building Grantees

The Power Building fund grew during this reporting period, supporting a total of **19 grantee organizations**. These organizations have budgets under $500,000 and have been engaging in 1:1 technical support from the United Way team, as well as attending trainings taught by experts on areas such as evaluation and learning, communications and building community engagement. Although the Phase 1 grantees will submit their final reports and documents in August 2023, the Phase 2 grantees will continue their work into 2024.

Community Member Overview

51 diverse community residents are actively engaged in EiOC, representing ethnically and socially diverse communities. These residents have lived experiences of poverty, are impacted by various social determinants of health and are members of several sub–populations that face health disparities. These resilient, engaged residents have participated in EiOC meetings, CHILA convenings and attended trainings and supported the work of EiOC funded grantee projects and teams. **The engagement by residents more than doubled from what was reported in 2022**; evidence that community power is being built in Orange County as a result of this work.

Latino/a (21)
Asian (17)
Black (9)
Multi-racial/ethnic (2)
Caucasian (5)
Middle Eastern/ N African (3)

Community Resident Lived Experience(s)

Lived Experience	Percentage
Veteran community	~5%
Member of gender minorities	~5%
Youth community (ages 18–24)	~8%
Lesbian, gay, bisexual, and queer (LGBTQ+) community	~8%
Member of religious minorities	~14%
Individuals with disabilities	~16%
Mental health and recovery community	~18%
Members from mixed immigration status households	~20%
Older adult community (65+)	~20%
Members from mixed immigration status households	~20%
Individuals who experienced under–employment	~24%
Individuals adversely affected by persistent poverty or inequality	~36%

0% 5% 10% 15% 20% 25% 30% 35% 40%

Office of Population Health and Equity

The Office of Population Health and Equity (OPHE) made progress in the first half of 2023 with internal agency-wide improvements and external community collaboration. Most notably, the continued work of the Health Outcomes Committee and Data Workgroup with the Office of Project Management and Quality Improvement (PMQI) brings agency-wide alignment around operationalizing population health and equity across systems.

In addition, **five (5) HCA Implementation Teams** are making progress using the Institute for Healthcare Improvement's (IHI) *Models for Improvement* tools and processes in different capacities as follows:

1	**Office of Population Health and Equity**	• **Project: Increasing community engagement** • Created AIM Statement to plan strategy for how to best incorporate non-native English speakers into the EiOC work. • Have increased language access at CHILAs, Partnership meetings and all-team calls.
2	**Project Management and Quality Improvement**	• **Project: Using Quality Improvement to Advance Equity and the HCA Strategic Plan** • Has developed a Driver Diagram and set of measures to support their systems work. • Convenes the Health Outcomes Committee and Data Workgroup to bring agency-wide alignment on how best to operationalize population health and equity across the system.
3	**Public Health Service**	• **Project: Maternal Fetal Health Program** • Streamlining referral processes • Developed Plans of Safe Care
4	**Procurement and Contract Services**	• **Project: Equity in Contracting** • Hosted an Action Lab with community input. • Creating a pilot model for equitable procurement that can be shared throughout the County.
5	**Outreach and Engagement (O&E)**	• **Project: Cross-Sector Coordinated Outreach Response for Unsheltered Individuals Experiencing Homelessness** • Using a systems approach that explores Plan-Do-Study-Act options to increase the 'find rate' of unsheltered individuals to get to them timely supports. • Developing a set of measures for an internal dashboard.

In addition to these five teams, the teams from both Public Guardian and Correctional Health, although not attending CHILAs and working on formal projects, are both incorporating dashboards into their work in improving their systems and practices.

Lastly, the OC Health Data Portal was available online during this reporting period. This portal provides the local community organizations and individuals with accessible health and demographic data to help them make informed decisions on what type of programming and systemic initiatives they pursue. This portal is being crafted by an external consultant with support from the County Agency–wide Data Workgroup, which has a goal of data coordination and standardization across the agency, with the hope of providing a data exchange that can serve the OC community.

What is Procurement & Contracting's Equity in Contracting project?

There are three major components: 1) organizations apply to be prequalified annually and 2) organizations are invited to serve on review panels to increase their skills and better understand how to become competitive in the service provision market and 3) interactive opportunities to learn how to use the new procurement system—open-gov.—so that organizations can practice with the system. It's a demonstration site for equitable procurement practices among Human Service providers.

WHAT ARE WE LEARNING FROM EQUITY IN OC?

Data availability does not always equal data usage.

Although the initiative has prioritized both data access and utility, it has become clear that there is still a need for moving beyond accountability and reporting, moving toward a learning framework whereby data is used regularly for improvement. This is a journey because organizations are not mandated to do this, and it takes time to continuously learn and integrate information into work streams—especially for nonprofits where staff are already working at capacity to serve the community.

Co-design takes time and moves at the speed of trust.

This initiative has required individuals to work beyond their silos and have diverse perspectives integrated into their work. For some, this has come naturally. For other teams, having seemingly 'internal' conversations with outside partners does not come easy and has slowed the work. Equity work is considered "messy" for this reason—it goes slower and has more engaged perspectives weigh in on every element. Teams who were already quite cohesive have had an easier time integrating the new voices and perspectives into the work, but where teams are less cohesive, the work is moving only at the "speed of trust".

Priority populations need support with both services *and* data.

Communities of priority are populations that need targeted interventions and support. Our current system has recognized this and has created various channels to provide services. However, these populations have yet to be fully supported around their unique data collection needs. There is opportunity for priority populations who need "better data" to advocate for this at the County and state levels. For example, there is an opportunity to educate the Board of Supervisors on the importance of data for the LGBTQ+ community and, for instance, pass a directive to provide Sexual Orientation & Gender Identity (SOGI) data for the system level. Through EiOC it has become clear that several unique populations need data, but there are no clear and sufficient funding streams to support this.

Sustainability conversations need to begin now.

The EiOC initiative has had success in the four outcome areas of focus and will likely continue to do so in the second half of 2023. With the funding coming to an end in mid-2024, it is important that all partners are given the space and time to assess what components of the work are critical and should continue for the long term. Reflecting on the broader initiative, there must be ways to ensure that this well-funded 'equity moment' can be institutionalized in Orange County as a broader movement. This is particularly important for OCHCA as it works to assess where the health equity work can "sit" within the organization and what structure will best serve the broader community. This past year, the EiOC Partnership was leveraged to engage in the CHNA work—this was one example of sustainability is being operationalized. Equity work in health departments nationwide have been primarily grant funded via federal or state dollars. We are a crossroads where OCHCA must forge a sustainable path for the equity work, beyond grant funding. It is important to keep the momentum from this singular $23 million investment.

"Equity is not extra work; it is the way we work."

APPENDIX

Equity in OC Funded Partners

Underserved/ Underrepresented Communities

American Indian and Alaska Native

United American Indian Involvement

Native Hawaiian and Pacific Islander

Pacific Islander Health Partnership

Transgender and Gender Nonconforming

Alianza Translatinx

Population Health Equity Collective Grant

African American/Black

Second Baptist Church

Asian American, Native Hawaiian and Pacific Islander

The Cambodian Family

Individuals with Disabilities

Illumination Institute

Latinx

The Coalition of OC Health Centers

LGBTQ+

Shanti Orange County

Older Adults

Orange County Aging Services Collaborative

Alzheimer's Orange County

Power Building Fund

Ahri Center

Cancer Kinship

Chispa Education Fund

Hope Community Services

Kid Healthy

Nat'l Action Network OC

Oak Health Foundation

People for Housing

Santa Ana Early Learning Initiative

Viet Rainbow OC

Community Organizations

2-1-1 Orange County

AASCSC Asian American Senior Citizens Service Center

Abrazar

ACCESS CALIFORNIA SERVICES

Afghan American Muslim Outreach (AAMO)

AHRI Center, fiscally sponsored by Tides Center

AIDS Services Foundation OC

Alianza Translatinx

Alzheimer's Association

America On Track

American Lung Association

Arab American Civic Council

Big Brothers Big Sisters Of Orange County and The Inland Empire Inc

Boys & Girls Club of Laguna Beach

BPSOS Center for Community Advancement

California Family Institute

Cancer Kinship

Center for Asian Americans in Action

Children's Cause Orange County/One OC

Christ Our Redeemer AME Church (COR)

Community Foundation of Orange/ KidsPLAY

Community Health Initiative of Orange County

COR Community Development Corporation

Council on Aging Southern California

CRECE

CREER Comunidad y Familia

Delhi Center

Families Forward

Families Together of Orange County

Family Assistance Ministries

Friendly Center, Inc

Friendship Baptist Church

Friendship Shelter

Girls Inc.

Global Hope 365

Good Hands Foundation

Heritage Museum of Orange County

HERStory,Inc

Higher Ground Youth & Family Services

Hope Community Services

Hope through Housing Foundation

ICNA RELIEF USA PROGRAMS INC

Illumination Institute

Johnson Chapel AME Church

KHERUT

Kidworks Community Development Corp

Korean Community Service, Inc.

La Habra Collaborative

Latino Health Access

LGBTQ Center OC

Lutheran Social Services of Southern California

Marshallese Youth of Orange County (MYOC)

Meals on Wheels Orange County

MOMS Orange County

MPNA Green

Multi-Ethnic Collaborative of Community Agencies (MECCA)

New Hope Presbyterian Church

Oak Health Foundation

OC United Together, Inc.

Omid Multicultural Institute for Development

OC Association for Mental Health

OC Children Therapeutic Arts Center

OC Chinese Community Service

OC Communities Organized for Responsible Development (OCCORD)

Orange County Congregation Community Organization

Orange County Family Justice Center Foundation

Orange County Food Bank – CAPOC

Orange County Herald Center

Orange County Human Relations Council

Orange County Women's Health Project

Pacific Islander Health Partnership (PIHP)

Parenting for Liberation

Peace and Justice Law Center

People for Housing OC YIMBY (Yes In My Backyard)

Saahas for Cause

SAELI – Fiscally Sponsored by Charitable Ventures

Second Baptist Church of Santa Ana

Shanti Orange County

SoulRapha

South Asian Network

South Coast Chinese Cultural Center

South County Outreach

Southern California Council of Chinese Schools

Southland Integrated Services, Inc.

Special Service for Groups, Inc (SSG)

Start Well

Straight Talk Clinic Inc.

The Cambodian Family

The Coalition of Orange County Community Health Centers

The Eli Home, Inc

The Kennedy Commission

The Malama Collective – Fiscally Sponsored by Charitable Ventures

The Salvation Army

Tiyya Foundation

Viet Rainbow of Orange County (VROC)

Vietnamese Language Access (VietLA)

Vietnamese–American Cancer Foundation

Walking Shield, Inc.

Wellness & Prevention Foundation

YMCA of Orange County

An Initiative of