EQUITY IN OC: LESSONS LEARNED

(MAY 2024)

EQUITY IN OC

An Initiative of OC health CARE AGENCY

Equity in OC: Supporting Systems Change and Sustainability in Orange County's Health Equity Ecosystem

Background

The Orange County (OC) Health Care Agency (HCA) Office of Population Health and Equity (OPHE) was awarded up to $23 million 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 strategies of the **Equity in OC Initiative** (EiOC) were:

01 Expand existing and/or develop new mitigation and prevention resources
02 Increase or improve data collection, reporting, and infrastructure
03 Build, leverage, and expand capacity and infrastructure of local health departments
04 Mobilize partners and collaborators to advance health equity and address Social Determinants of Health
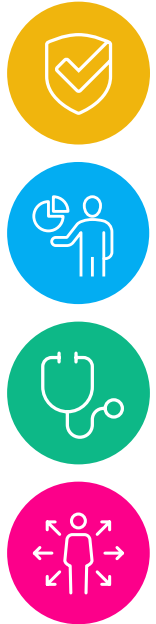
Equity in OC Funding Distribution

Fundamentally, EiOC was designed to ensure the community would be better positioned to recover from the next public health crisis by building upon these four strategies. OPHE staff were intentional, using their local discretion to foster a vision for a sustainable health equity ecosystem through systems change and relationship building. The following is a breakdown of the $21,134,574.1

- ● Community Grants: $13.1M (62%)
- ● Technical Assistance Contractors: $4.9M (23%)
- ● OPHE Staffing: $2.4M (11%)
- ● Administrative Costs: $800K (4%)

Equity in OC Funding Distribution
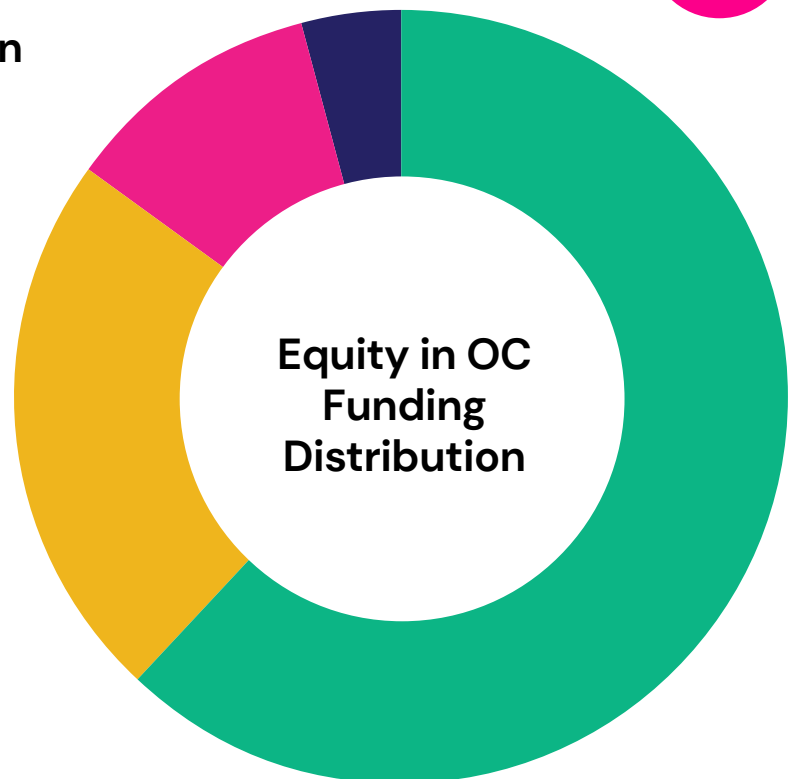
EiOC Design Team: Synergy between Public Agency, Intermediary, and Technical Assistance Providers

EiOC was a collaborative effort with several key players and many moving parts. The implementation team was comprised of three key elements: **Public Agency (HCA, OPHE), a financial intermediary (Orange County United Way), and Technical Assistance Providers (Institute for Healthcare Improvement (IHI), Advance OC, Public Health Advocates (PHA), and Celery Design).** Together, they worked to establish an initiative that not only met the four (4) overarching goals of the CDC grant, but to do so applied an equity lens with an intention on supporting sustainability.

Financial Intermediary (Orange County United Way)

Technical Assistance Providers (IHI, Advance OC, PHA, Celery Design)

Funder (OPHE)
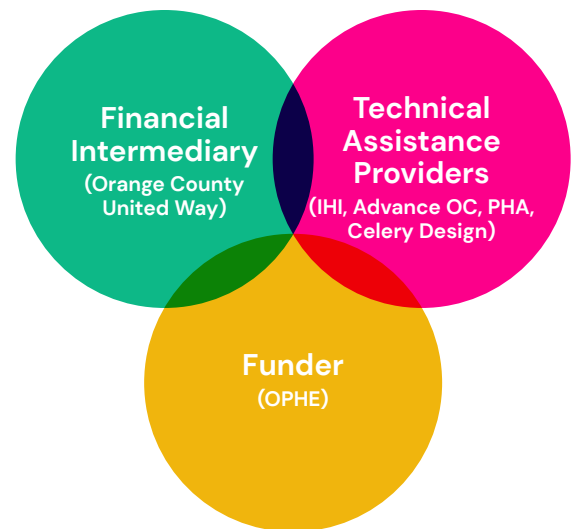
The Public Agency – OPHE

OPHE, was the department which housed the CDC funding. OPHE was a co-designer of the initiative, leading the internal County systems change work while also helping to co-craft elements of the external grantmaking program. They were committed to a proactive, solutions-based approach to the work. Getting millions of dollars out the door in short order, OPHE needed the help of a community partner as the financial intermediary.

Financial Intermediary – Orange County United Way

Orange County United Way was well positioned, having just done similar quick disbursements for the Emergency Rental Assistance Program for the County through government funding sources. It had sufficient infrastructure, technology, and grant making experience and brought on local consultants to support the design, administration, management, and evaluation (Dr. Jacqueline Tran and Ersoylu Consulting). The local "United Way team" had experience in grants management, public health, evaluation, social justice, and policy equity.

Technical Assistance Providers

In addition to the United Way team, who co-designed the initiative while conducting grants management and evaluation, there were several key partners involved in implementing the EiOC Initiative. These partners were:

Institute for Healthcare Improvement (IHI): Uses improvement science to advance and sustain better outcomes in health care and health equity. For EiOC, IHI facilitated peer-to-peer learning and coached participants in skills such as Quality Improvement and leading with and for equity.

Advance OC: Provided data expertise and consultation support to EiOC community partners, create, and maintain the OC Equity Map, assist with the creation of six Population Health Equity Collective Overviews, and develop the first phase of the OC Health Data Hub.

Public Health Advocates: Provided technical assistance to the OPHE and provided regional learning opportunities for them to learn from other local health departments on equitable COVID-19 best practices and implementation of health equity strategies.

Celery Design: Created branding for EiOC, communications and program materials, and maintained the EiOC website (eqityinoc.com).

Together, United Way and the technical assistance providers were responsible for not only creating, launching, and managing **six distinct** funding streams, but also **providing technical assistance and capacity building to both the County's OPHE team and to nearly 200 grantee partners.** Adding to the complexity was the desire to ensure that this was not business-as-usual; rather, that equity and community were centered in the work. This meant that OPHE and United Way had to ground the design in best practices from Trust Based Philanthropy (TBP) and Equitable Grantmaking Framework(EGF) approaches. The team studied these approaches, while at the same time "building the plane as it was flying." The result was an initiative that, although far from perfect, was able to make some strides toward equity, while still being fully accountable to the CDC, its funder.

The Funding Framework: Trust Based Philanthropy

The team designed EiOC through the lens of both TBP and EGF approaches to the greatest extent possible (as government funding does have certain inherent restrictions). As such, it was testing the potential of these approaches applied to public funds.

Trust Based Practices[2]	EiOC Trust Based Practices
Give Multi-Year Unrestricted Funding Multi-year, unrestricted funding gives grantees the flexibility to assess and determine where grant dollars are most needed, and allows for innovation, emergent action, and sustainability.	• 5 of the 6 funding streams were multi-year. • Organization Participation Grants were unrestricted; grantees were awarded mini grants to simply participate in equity activities. • Clear funding guidelines for different pools of funding to increase clarity and grantees could easily see which fund "fits" them best.
Do the Homework It is the funder's responsibility to get to know prospective grantees, saving nonprofits time in the early stages of the vetting process.	• Office hours to answer any questions about the application processes. • Offered spaces (online) for potential grantees to meet and identify synergies to facilitate collaborative proposal submissions.

Trust Based Practices[2]	EiOC Trust Based Practices
Simplify and Streamline Paperwork Nonprofits spend an inordinate amount of time on funder-driven applications and reports; streamlined approaches focused on dialogue and learning can pave the way for deeper relationships and mutual accountability.	• Simplifying paperwork by limiting reporting narratives and asking multiple-choice or scale questions whenever possible. • Having quarterly calls in lieu of written quarterly reports. • Compensation delivered simply to community members.
Be Transparent and Responsive Open, honest, and transparent communication supports relationships rooted in trust and mutual accountability. When funders model vulnerability and power-consciousness, it signals to grantees that they can show up more fully.	• Partnership meetings were the space for sharing regular updates among funder, intermediary, grantees, and community partners. • Clarity around where there was no flexibility (elements mandated by CDC) and where there could be flexibility in the deliverables.
Solicit and Act on Feedback Grantees and communities provide valuable perspective that can inform a funder's strategy and approach, inherently making our work more successful in the long run.	• Soliciting information from grantees regularly and acting on feedback to inform the design and shift course when possible. • Having an "open-door" policy whereby grantees can email or call the intermediary anytime with budget/scope revisions or questions.
Offer Support Beyond the Check Responsive, adaptive, non-monetary support bolsters leadership, capacity, and organizational health. This is especially critical for organizations that have historically gone without the same level of networks or support than their more established peers.	• Offering an extensive menu of Technical Assistance and Capacity Building supports from both the Intermediary as well as the network of partners for any grantees receiving over $50,000. • Creation of a Power Building Fund specifically focused on grassroots organizations with budgets under $500,000 to increase access to the health equity network of organizations.

In reflecting on the EGF[3], the EiOC team was interested in moving the grants management from the typical "compliance and control" perspective toward a higher level of "trust and collaboration." For a government-funded initiative, EiOC was limited as it could not provide entirely "unrestrictive funding," yet the design ensured that funds were far less restrictive than other public funding opportunities. Along the continuum, EiOC scored an 18 out of 36, centering itself at a Level 2.

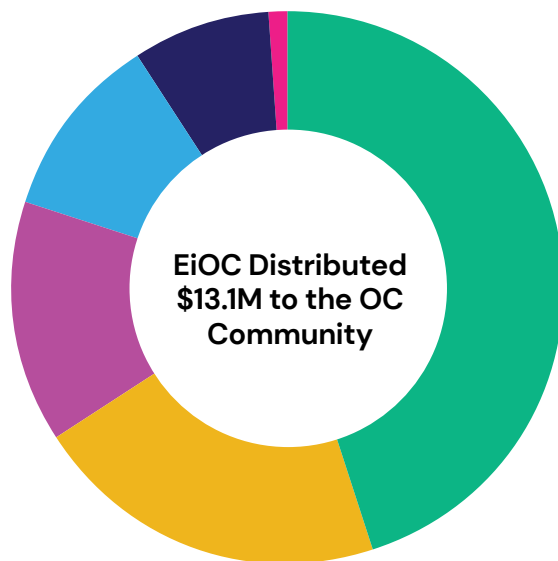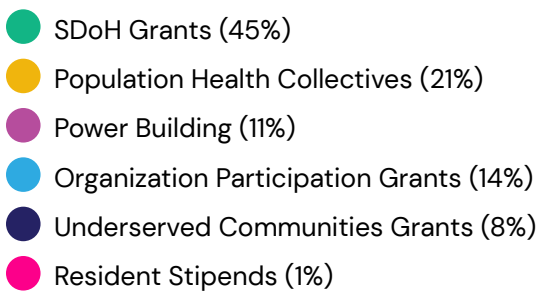| LEVEL 1	LEVEL 2	LEVEL 3
"Burdensome Grantmaker"	**"On–the–Journey Grantmaker"**	**"Pretty Cool Grantmaker"**
Practices are based on suspicion (aka "rigor") and tend to be more restrictive and burdensome, which often most negatively affect organizations led by and serving marginalized communities.	On the journey of integrating more equitable funding practices, and there is still room to grow.	Practices based on a foundation of trust and equal partnership with their grantees, which allows all organizations, especially organization led by and serving marginalized communities, to thrive.

Less Equitable ← → Highly Equitable

Equity in OC is here

EiOC Impacts

EiOC has impacted the broader Orange County community through the diverse funding streams and supports as well as the internal infrastructure of the HCA. It is important to note that grantees could receive support from multiple funds at the same time. The highlights of the funding are below.

EiOC Funding Areas

A brief overview of each funding areas and the types of outcomes and impact we have observed from each. The EiOC Evaluation Reports (found at equityinoc.com) provide the bulk of the data summarizing key learnings and outcomes.

- SDoH Grants (45%)
- Population Health Collectives (21%)
- Power Building (11%)
- Organization Participation Grants (14%)
- Underserved Communities Grants (8%)
- Resident Stipends (1%)

EiOC Distributed $13.1M to the OC Community

EiOC Community Impacts

This initiative resulted in over $13.1M distributed across Orange County to meet the four (4) CDC goal areas identified in this table.

	Organization Participation Grants	Community Member Honoraria	Population Health Collectives (*including Food Access & SAMENA)	Underrepresented Community Grants	Power Building Grants	SDoH Implementation Grants
STRATEGY 1 Expand existing and/or develop new mitigation and prevention resources and services				●		●
STRATEGY 2 Increase/improve data collection and reporting			●	●	●	●
STRATEGY 3 Build, leverage, and expand infrastructure support			●	●	●	●
STRATEGY 4 Mobilize partners and collaborators	●	●	●	●	●	●

Social Determinants of Health (SDoH) Implementation Grants

These 12 "Implementation Teams" were focused on the two SDoH Action Areas voted on by the EiOC Partnership (Housing is Health, and Health & Healing). These grantees awarded $500K each and were used to impact not only internal health systems but also policies and procedures at the local municipal and school district levels. Grantees often engaged community members in robust leadership and advocacy campaigns that strengthened coalitions and movements for housing, mental health and health access for our most vulnerable communities.

Population Health Equity Collective Grants

These eight (8) Collectives worked to both deepen and broaden the engagement of organizations and residents in their communities. This was done by trust-building and increased coordination over the period of two years. In addition, infrastructure and governance frameworks were created to guide their Collectives and strengthen their ability to impact policies and systems identified in their Health Equity Plans (available at equityinoc.com), as well as ensure that the Collectives could be sustained beyond the CDC funding. The Collectives funded were:

- African American/Black Collective
- Asian Pacific Islander (API) Collective
- Individuals with Disabilities Collective
- Latinx Collective
- LGBTQ+ Collective
- Older Adult Collective
- South Asian Middle Eastern North African (SAMENA) Collective
- Food Security, Nutrition & Access Collective

Community Organizational Participation Grants

Annually, **over 100 organizations** received Organizational Participation Grants (of these, 65 organizations received grants for two years). Grants awarded averaged $12,500; there were no grant deliverables for this funding other than agreeing to engage in EiOC opportunities and share information back and forth from the Initiative to the communities they each serve.

Power Building Grants

Power Building Grantees were smaller, grassroots organizations focused on strengthening their infrastructure to engage meaningfully in the health equity ecosystem. They received 1:1 Technical Assistance support to build their skills, as well as trainings on communications, fundraising, power mapping, advocacy, and evaluation. These 29 grantees (10 in year one and 19 in year two) were tasked with sustainability planning, resulting in the creation of various types of strategic plans and evaluation, communications, fundraising, and/or staffing plans. Overall, half of these grantees leveraged their EiOC funding to garner additional funding.

Underserved and Underrepresented Communities Grants

These three grantees (Native Hawaiians and Pacific Islanders; Native Americans, American Indians, and Alaska Natives; and Transgender and Gender Nonconforming Communities)

• Conducted hundreds of **supportive service and referrals**
• Reached thousands through community **outreach and engagement** activities.
• Reached tens of thousands via **social media outreach related to COVID-19** and other health mitigation information for their respective communities.

Community Member Honoraria

Resident engagement more than doubled from what was reported in 2022 with 49 diverse community residents actively engaged in EiOC in 2024. These residents have voiced their lived experiences of health inequities, are impacted by various social determinants of health and are members of several vulnerable populations. They participated in EiOC meetings, convenings, trainings, and supported the work of EiOC funded grantee projects and teams.

EiOC Impacts on the Internal County Systems

Table for Engagement: HCA leveraged the EiOC Partner Network for community engagement activities including the Community Health Improvement Plan and the Community Health Assessment. This is an example of the synergy that is possible when an existing table is repurposed to serve additional functions rather than recreating a new space for engagement.

Shift Internal Systems: EiOC supported the exploration of six "Implementation Teams" at various departments within HCA. Over the two-year period, three of the Teams have continued to apply the equity lens to their work—Public Health Services, Outreach & Engagement, and Contracts & Procurement

Services. In particular, the Procurement Department has been working to diversify its provider portfolio to best meet the needs of the community and populations using its services.

Resolution on Racism as Public Health Crisis: A Countywide Resolution was passed (2022) and is awaiting full implementation. OPHE crafted the Draft Resolution and has continued to conduct Racial & Health Equity 101 trainings for internal staff, yet the framework for addressing racial inequities in health outcomes is still yet to be fully realized.

Reflections on our Wins and Missed Opportunities

EiOC Wins

Streamlined and Transparent Granting Processes

Once grant applications were received by United Way, OPHE was not involved and any biases were removed with the objective reviewers. This resulted in a grant making process that was equitable and inclusive—the team made every effort to simplify the paperwork and narrative materials. The team held office hours to respond to questions and triage issues that may have been barriers to applicants. In the review process, the team looked beyond the writing quality and focused on the ability to deliver on the work; implementing a review rubric ensured the process was transparent. **Various funding streams were created, to be as inclusive as possible.**

Continuous Learning and Evaluation

Continuous evaluation was a way to identify challenges and then work to improve over time. For instance, from the first to second six-month evaluation report, there was not engagement from the South Asian Middle Eastern and North African (SAMENA) communities. As a result, OPHE worked to engage that community and the team supported the establishment of a SAMENA Collective as the eighth Population Health Equity Collective. The addition of the Power Building Fund, SAMENA, and the Food Collectives were each examples of "building as we go", using continuous learning. **Based on the input of the communities, funding evolved, and was fluid, thoughtful, and responsive.**

Intentional and Broad Engagement

Various strategies for community engagement were consistently prioritized, such as ensuring equitable language access and ensuring scheduling of meetings/gatherings were aligned with grantee requests. The processes were inclusive and open, with a focus on getting everyone's interpretation through language and cultural access. Having translation of content and simultaneous translation at every meeting; clear voting structures for the identification of the largest funding priority area (SDoH Fund); providing compensation for community members to engage in the work (via personal service contracts), and providing grants to any organization engaged in EiOC for "being at the table." **This level of meaningful engagement was truly unprecedented at this breadth and level of consistency in Orange County.**

Community Building Spaces

Monthly Partnership Meetings provided an opportunity to share updates on funding, grant opportunities, programs, and other relevant training topics. This virtual community space allowed organizations and

community members to share what was working while remaining safe from COVID-19. Building community and increasing collaboration took place at other venues as well: the Community Health Improvement Leadership Academies (CHILAs), the Population Health Equity Collective meetings, Capacity Building trainings, and IHI's Action Labs. The lack of trust and lack of knowledge of one another's work was something that had been amplified during the pandemic years when many retreated to their silos. **EiOC was instrumental in providing several safe spaces to rekindle collaboration and relationships.**

An Upstream Focus on SDoH and Advocacy

As OPHE worked on internal systems change through their various Implementation Teams, grantees were focused on how to change systems at multiple levels. Not only the SDoH Grantees, which had an explicit focus, but also the Power Building, PHC, and Organizational Participation Grantees were explicitly focused on advocacy work. Grantees benefitted from several training opportunities and dialogues to increase their capacities for doing so effectively. **This commitment was evidenced by inviting Alliance For Justice (AFJ) to the final CHILA (April 2024) to build capacity around systems level change and advocacy as well as providing ongoing technical assistance to the EiOC Grantees.**

EiOC Missed Opportunities

The timeline was rushed, which simply led to several fundamental areas of shortfall for the initiative. Due to the complexity of the initiative under such a limited timeframe, the following elements could have been improved upon.

Lack of Consistent Communications

Funding streams were released piecemeal; with each additional stream being reflective of the feedback received about prior streams. **This process—although responsive—created a missed opportunity as the "big picture" of EIOC was not always clear to all parties.** There was grantee confusion at times regarding the funding streams and knowing which meetings and supports were for which fund due to having some of the funding streams released at the same time. In addition, OPHE could have done a better job trying to explain the importance of the Quality Improvement methodology in a less academic manner. Allowing time for community-based organizations to process all the information shared was critical, it often challenged the capacity of the CBO's.

Lastly, despite the deep commitment to continuous learning and evaluation internally among the partners and grantees, there was little communication to the broader public about the work. Due to agency policies, OPHE did not widely use social media or share out to the public beyond everything that's posted on the Equity in OC website (equityinoc.org). Although it was a large, dynamic grant, engaging hundreds of grantees, it did not generate attention within the broader community. **There was such a time-sensitive pull to "do the work" that "talking about the work" was put on the back burner until the end of the initiative, robbing it of an ability to build momentum and excitement to leverage more dollars for sustainability.**

Capacity Building Could Have Been More Targeted

Although the Power Building Fund allowed for space to identify and strengthen infrastructure needs, there were several instances of burgeoning organizations being centered around a single individual without a focus on structural capacity. The provision of technical assistance in a group setting was difficult because of the diversity of organizational readiness; those organizations most needed the support had the least capacity to engage. In hindsight, a readiness assessment ahead of time could have helped to target the

technical support and improve impact. The networking and sharing among the grantees was useful, with those organizations working in similar communities having space to identify and leverage opportunities.
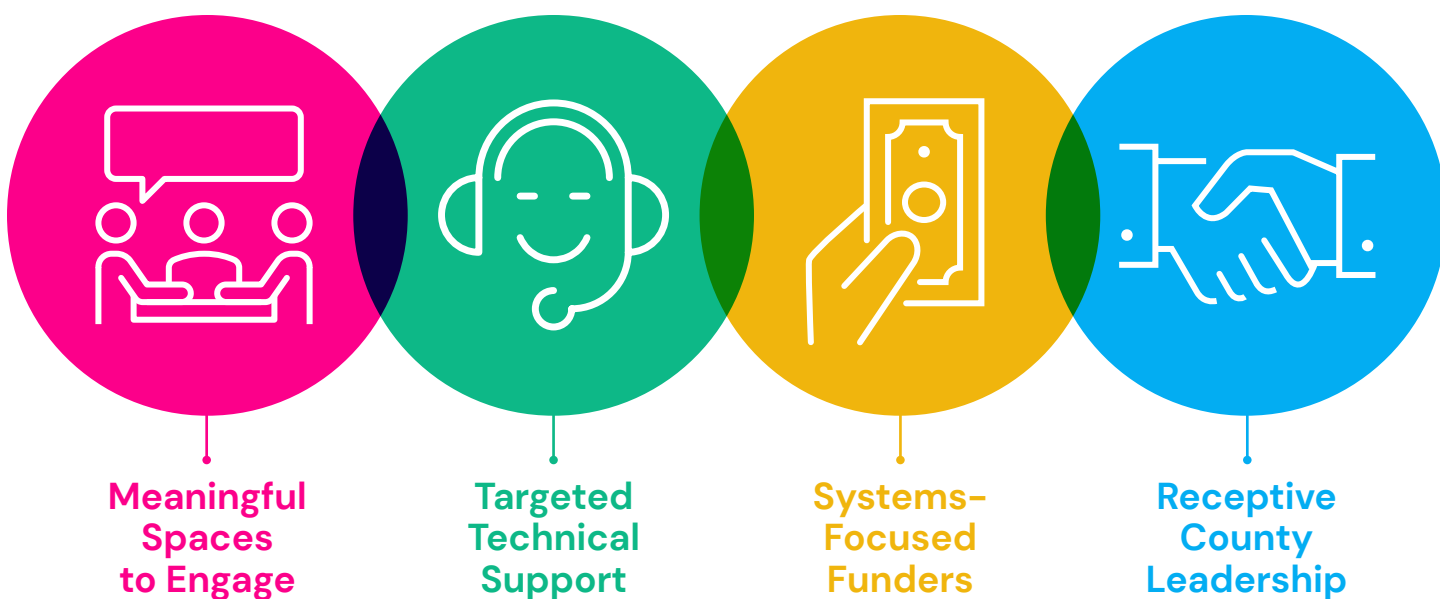
In addition, although EiOC required nearly all of the grant opportunities to include compensated community participation, there was no convening opportunity for residents to be brought together in a meaningful way to share their insights and build relationships in their own space, on their own timeframe. **This was a missed opportunity for movement-building in a broader, community-driven way.**

Internal Provider Team Could Have Been More Seamless

Although there were consultant meetings regularly, there was not sufficient time to learn about one another and build meaningful relationships across the organizations, making communications and teamwork challenging at times. Structurally, some partners reported contractually to OPHE while others to the Intermediary; this led to a lack of responsiveness among the contractors that could have been avoided. It was clear that Technical Assistance providers each brought unique skills into the space but needed more shared planning and co-design spaces. Compounding this was that there was little flexibility in work plans so when needs of the grantees evolved and shifted, the workplans of the technical assistance contractors were not able to shift as well, resulting in some tools and supports that were not aligned to actual grantee needs.

The Road Forward—Sustaining Health Equity in Orange County

To build on the success and ensure sustainability beyond the funding, we have identified four critical elements:

Meaningful Spaces to Engage   **Targeted Technical Support**   **Systems-Focused Funders**   **Receptive County Leadership**

With these elements in place, Orange County can build upon the health equity work that has been done with this one-time infusion of dollars and continue to make progress in impacting policy and systems.

Meaningful Spaces to Engage

The community has stepped into their power and voice, increasingly able to advance equity on their own terms. As leaders try to harness this and continue to engage, it is going to change the way business is done in the system. Elements that are critical for equity work to continue are—collaborative spaces like those we have seen in EiOC, that center community voices and participation. Having multi-year, multi-opportunity learning and action space to plan and think together, a place for community to devise strategies and take actions, and then reflect on learnings to identify next steps will be critical.

There is already some of that movement-building underway through the Collectives that began meeting together at the end of 2023 (known as the OC Equity Collective). This is a critical space to maintain, as during EiOC, groups that were unfunded had a difficult time getting "into the mix" of the initiative. Having a known space for new groups to find community will be important. Spaces like this are where organizations can not only share resources, but also build a health equity agenda and mobilize.

Targeted Technical Support

It is important that the grassroots organizations remain at the health equity table and are able to participate fully in the work moving forward. What was also heard loud and clear from the organizations in EiOC was that any "capacity building" or "technical assistance" needs to be sufficient insofar as it actually helps build capacity and not "break it" by stretching recipients of the supports too thin. There needs to be funding models that go beyond just funding trainings but also realizes that organizations run on people—and people need time and space to integrate and operationalize any new learnings or skills. Any technical supports must be tailored, useful and not burdensome. It was clear that community engagement is a critical piece of the work and grantees recognized that for the work to truly be community-led, there is a need for direct supports to allow for that. Lastly, another way that organizations can be supported is to have a "virtual space" that they can go to and find resources, best practices and tools as well as contacts for others in the health equity movement via a roster of similarly-minded organizations in the space. Maintaining this space is a critical, albeit technical piece of movement-building that can help to support the momentum.

Systems-Focused Funders

A community of funders who are not only strategic about building upon work that has already begun and is complementary to one another would be welcome. There is a need for support to move the health equity field forward by supporting the organizational and community member advocates that have been collaborating. Funding that aligns with the vision of the work already in progress will be a productive way to continue the momentum. The movement has begun and those in the EiOC space are aware of the types of supports they need to continue—funders must listen to them. These organizations understand what they need. If there is a desire for some of the most impactful parts of EiOC to be sustained, there needs to be involvement from larger organizations and funders to support the organizations who have already done the work, built the relationships, and identified the issues and systems of focus.

Receptive County Leadership

Public agencies have constraints when it comes to allyship. The County needs to be on the journey of health equity alongside the community; at times their interests will converge, while at other times, they will have different expectations. What is important is that the County has a way to keep open communication regarding health equity. Point(s) of access for the community will be important moving forward. This could be via the OPHE, as it has been during EiOC, or perhaps a County Commission on Health Equity could be created that carries on as a space and venue for providing support to the health equity movement. Whatever the "door" is ultimately, it should provide a way for data sharing between the County and the community, as well as finding ways to listen to and act on the needs of our most vulnerable populations. During EiOC, the OCHCA was able to leverage the Partner Network to their community engagement needs in the Community Health Improvement Plan and the Community Health Assessment. The EiOC list serve was also used by the OCHCA for public health messaging to the community around product recalls and emerging issues such as Monkey Pox. These open communication windows between the County and the community will be important moving forward.

[1] HCA chose to be funded via a cost reimbursement arrangement for costs accrued and did not receive the lump sum of $22.8M from the CDC. At the end of EiOC Initiative, the amount spent totaled $21,134,574.

[2] This list is from trustbasedphilanthropy.org, Trust Based Practices.

[3] For more information on this framework and the 18 elements to the approach that funders can explore, please visit: https://nonprofitaf.com/wp-content/uploads/2021/03/Equitable-Grantmaking-Continuum-Full-Version-Updated-March-2021.pdf

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