

# EVALUATION AND LEARNING UPDATE #1

(THROUGH JULY 2022)

This document was produced as part of a 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), which was completed in 2024.



# EQUITY IN OC



# INTRODUCTION

This report provides an overview of the Equity in OC (EiOC) Initiative from the beginning (February 2022) to the end of the first reporting period (July 2022). The document provides a snapshot of the first six months of the initiative, as well as baseline data from several grantees that will support initiative-wide learning for the upcoming two years.

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 Health Care Agency (OCHCA) Office of Population Health and Equity (OPHE) received nearly \$23 million in grant funding from the 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

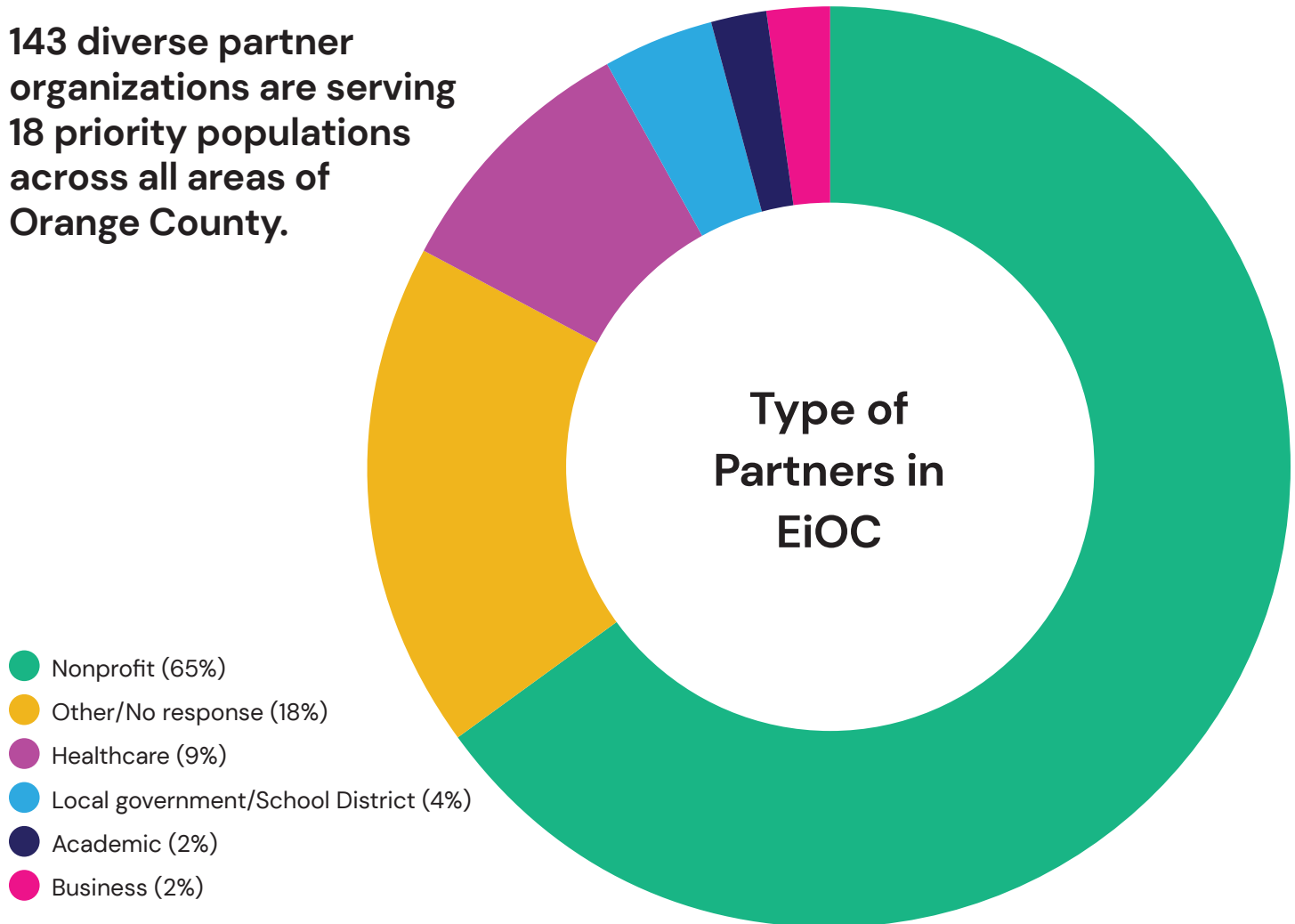
## Equity in OC Theory of Change



Create a healthier, more equitable Orange County

## WHO IS EQUITY IN OC?

143 diverse partner organizations are serving 18 priority populations across all areas of Orange County.



Priority Population	# of EiOC members providing services	Priority Population	# of EiOC members providing services
Latino/a community	86	Older Adults	56
Individuals in persistent poverty	81	LGBTQ+ community	45
Non-English speakers	73	Black community	40
Multi-ethnic	71	Unhoused	40
Mixed-immigration status	69	Gender minority	37
Youth	66	Native Hawaiian/Pacific Islander	24
Asian community	64	Middle Eastern	23
Under-employed	59	Veterans	20
Mental Health and Recovery	57	American Indian/Native American	18

## Who is funded by Equity in OC?

Through July 2022, **six distinct funding opportunities have been created** for the Orange County community working to improve health equity. As of July 2022, **\$3,252,000 has been distributed.** (The Implementation Grants will be awarded in fall 2022.)\* By the end of 2022, **\$9,350,000 will have been distributed** countywide to support health equity efforts across the four CDC strategy areas.

<b>1</b> Individual Community Member Honoraria	<ul style="list-style-type: none"> <li>• <b>\$1,400 each for up to 78 individuals from Orange County</b></li> </ul> <b>TOTAL FUND</b> \$110,000 annually
<b>2</b> Organizational Participation Grants	<ul style="list-style-type: none"> <li>• <b>\$10K each for up to 100 OC-based organizations</b></li> </ul> <b>TOTAL FUND</b> \$1M annually
<b>3</b> Grants for Underserved/Underrepresented Communities	<ul style="list-style-type: none"> <li>• <b>\$180K each for 3 OC-based organizations</b> representing the Native Hawaiian and Pacific Islander; American Indian and Alaska Native; and Transgender and Gender Nonconforming communities</li> </ul> <b>TOTAL FUND</b> \$540,000 annually
<b>4</b> Population Health Equity Collective Grants	<ul style="list-style-type: none"> <li>• <b>\$200K each for 6 Collectives</b> (Asian Pacific Islander, African American/Black, Latino, LGBTQ+, Individuals w/Disabilities, Older Adults)</li> </ul> <b>TOTAL FUND</b> \$1.2M annually
<b>5</b> Power Building Grants	<ul style="list-style-type: none"> <li>• <b>\$50K each for up to 10–20 OC grassroots organizations</b> with budgets under \$500K</li> </ul> <b>TOTAL FUND</b> \$500,000
<b>6</b> Implementation Grants	<ul style="list-style-type: none"> <li>• <b>\$6M total available for 12–15 Implementation Partnership grants</b></li> <li>• <b>3 Social Determinants of Health Action Areas</b></li> </ul> <b>TOTAL FUND</b> \$6M over 18 months (*to begin Q4 of 2022)

# WHAT DOES EQUITY IN OC SUPPORT?

## STRATEGY 1

### 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 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. OCHCA Public Health Services has conducted substantial work in the community by providing mitigation and prevention services. An overview of their COVID-19 testing and contact tracing efforts are in the tables below.

Molecular Tests	Serology Tests	44,910 Cases Reported	23,096 Contacts Identified
<b>5,258,155 TOTAL TESTS</b>	<b>200,657 TOTAL TESTS</b>	<b>130 CASE INVESTIGATORS</b>	<b>18 CONTACT TRACERS</b>
Alaskan Native: <b>5,222</b>	Alaskan Native: <b>169</b>	Alaskan Native: <b>96</b>	Alaskan Native: <b>45</b>
American Indian: <b>0</b>	American Indian: <b>0</b>	American Indian: <b>0</b>	American Indian: <b>0</b>
Asian: <b>401,245</b>	Asian: <b>12,439</b>	Asian: <b>3,807</b>	Asian: <b>1,698</b>
African American/ Black: <b>47,387</b>	African American/ Black: <b>690</b>	African American/ Black: <b>877</b>	African American/ Black: <b>222</b>
Hispanic/Latino: <b>574,645</b>	Hispanic/Latino: <b>6,759</b>	Hispanic/Latino: <b>10,730</b>	Hispanic/Latino: <b>4,616</b>
NHPI: <b>21,383</b>	NHPI: <b>348</b>	NHPI: <b>313</b>	NHPI: <b>29</b>
White: <b>809,079</b>	White: <b>27,381</b>	White: <b>14,291</b>	White: <b>3,452</b>
Multiple Race: <b>11,550</b>	Multiple Race: <b>101</b>	Multiple Race: <b>201</b>	Multiple Race: <b>283</b>
Unknown: <b>3,387,644</b>	Unknown: <b>152,770</b>	Unknown: <b>14,595</b>	Unknown: <b>12,751</b>

In addition to the deep, community-level work conducted by the OCHCA staff in conducting COVID-19 testing and contact tracing, 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.

### Supportive services

- Through community health navigators, individuals were linked to various support services throughout Orange County.
- Support services to **44 Latino transgender and gender nonconforming individuals** were provided.
- One-on-one navigation calls were made to **108 Native Hawaiian and Pacific Islander (NHPI)** individuals.
- **349 Latino transgender and gender nonconforming individuals** were provided support in educational group sessions.

Referrals and linkages to community members for COVID-19 testing, vaccinations, and other mitigation strategies were provided.

- **182 NHPI** individuals were referred to services for vaccines, testing, and other health services.
- **93 Latino transgender and gender nonconforming** individuals were referred to HIV/STD testing, counseling, and other health services.

Outreach and engagement activities related to the COVID-19 response and recovery were also conducted.

- 14,597 hits to social media regarding health and COVID-19 in the NHPI community
- 1,000 hits to social media (Facebook and Instagram) in the Latino transgender and gender nonconforming community
- 4,900 condoms and 3,000 lubricants distributed to transgender and gender nonconforming individuals
- Outreach to and engagement with 210 transgender and gender nonconforming individuals through community events
- 1,510 fliers distributed about health and COVID-19 in the NHPI community

**“We need this initiative [EiOC] for new organizations, like mine, who are grassroots, who are just starting out and don’t have much funding. We have this system of organizations willing to help people like us doing the work, on the ground.”**

– Community Health Improvement Leadership Academy (CHILA) participant



## STRATEGY 2

## Increase/improve data collection, reporting, and infrastructure

## STRATEGY 3

## Build, leverage, and expand infrastructure supports

Currently, **10 community-based organizations** have been identified to receive tailored capacity building support and to build their power to engage meaningfully in EiOC. All organizations have **budgets of less than \$500,000, and 90% are fiscally sponsored programs** (one is a 501(c)(3) nonprofit). When surveyed at baseline, these organizations shared that they plan to conduct community engagement (100%), leadership development (60%), and coalition building and collaborating (50%). Additionally, 40% intend to engage in policy and budget advocacy. They are also interested in receiving trainings around strategic planning, base-building, and communications.

Priority Population	% grantees providing services to...
Individuals adversely affected by poverty/inequality	80%
Latinx	70%
Non-English speaking	50%
Communities of color	30%
Asian, Native Hawaiian, and Pacific Islander	30%
Undocumented individuals	30%
Older adults	20%
Black community	10%
LGBTQ+	10%
Gender/sexual minorities	10%

District	Cities Included	% grantees providing service in...
District 2	Anaheim, Orange, Santa Ana	90%
District 4	Brea, Buena Park, Fullerton, La Habra, Placentia, Stanton	70%
District 1	Cypress, Fountain Valley, Garden Grove, Huntington Beach, La Palma, Los Alamitos, Seal Beach, Westminster	50%
District 3	Lake Forest, Mission Viejo, Rancho Santa Margarita, Tustin, Villa Park, Yorba Linda	50%
District 5	Aliso Viejo, Costa Mesa, Dana Point, Irvine, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Newport Beach, San Juan Capistrano, San Clemente	30%

It is important to share that Underserved/Underrepresented Communities grantees are also in the process of strengthening their data and infrastructure capacities. During this first reporting period, we can see that the three grantee organizations reported having made progress in several metrics related to data and infrastructure improvements.

Data Improvement Items	#	Infrastructure Improvement Items	#
We have co-created a population overview for our community	0	We have provided trainings to the community	3
We have explored the OC Equity Map and OC Social Progress Index for data relevant to our community	1	We have convened a multi-sector coalition or collective as a part of our work	3
We have explored other data sources for our target community	3	We have improved or expanded a cross-sector coordination system	1
We have increased our data collection and/or reporting capacity	2	We have created, improved, or expanded on other infrastructure items	0
We have created a data collection plan	2		
We have enhanced or created a new data system	1		
We have added staff who can support our data needs	0		
We have developed a Monitoring and Evaluation Plan	0		
We have shared data to tell a story to our partners	1		
We have shared data to inform our internal staff or board	1		
We have increased our agency resources for data infrastructure	0		

In addition to the Power Building grantees and Underserved/Underrepresented Communities grantees, the Population Health Equity Collectives are also in the process of building their capacities around both data and infrastructure. Since their work had just begun during this reporting period, our next Evaluation and Learning Update will provide insights into their progress on metrics for Strategies 2 and 3.

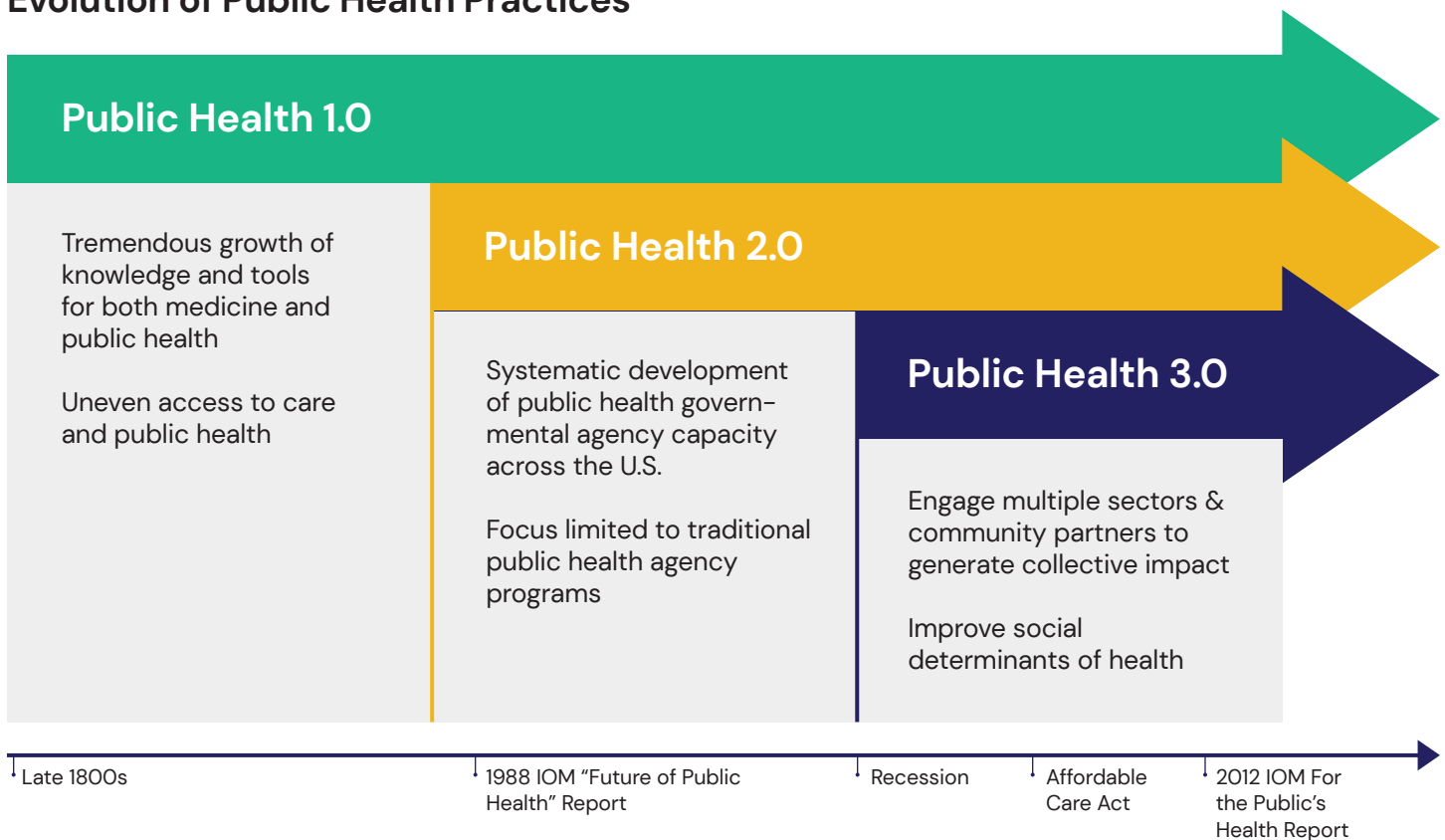
## STRATEGY 4

## Mobilize partners and collaborators

This strategy is indicative of OCHCA's commitment to the Public Health 3.0 framework. This is demonstrated by the focus on partnerships and the desire to impact the social determinants of health (the focus of the forthcoming Implementation Grants).

This strategy has been the most comprehensively implemented strategy of EiOC during the first reporting period. Several organizations have been involved in creating, expanding, or strengthening partnerships and collaborations—including OPHE and their internal work at OCHCA. This is reflected in the baseline data from the six **Population Health Equity Collectives**, the demographic data overview of the **Organizational Participation Grantees** and **community members** who have been engaged in the process, and updates from OPHE.

## Evolution of Public Health Practices



Source: DeSalvo et. al. (2016) Public Health 3.0: Time for an Upgrade. AJPH

## Population Health Equity Collectives

Six Population Health Equity Collectives are building capacity within six priority communities (Asians, Native Hawaiians, and Pacific Islanders; Blacks and African Americans; Latinos; Older Adults; LGBTQ+; and Individuals with Disabilities). At baseline, there were **80 unique organizations** across the six Population Collectives. All Population Collectives have nonprofit advocacy organizations involved, and 83% have nonprofit service providers and community-based organizations. Half of the Population Collectives have healthcare, education (K-12), and community residents involved, and one-third report having business, faith, housing, local elected officials, or OCHCA staff involved. Two-thirds of the Population Collectives reported having a collective success in the past two years. Half of the Population Collectives have been in existence over 2 years, while the other half were created within the past year.

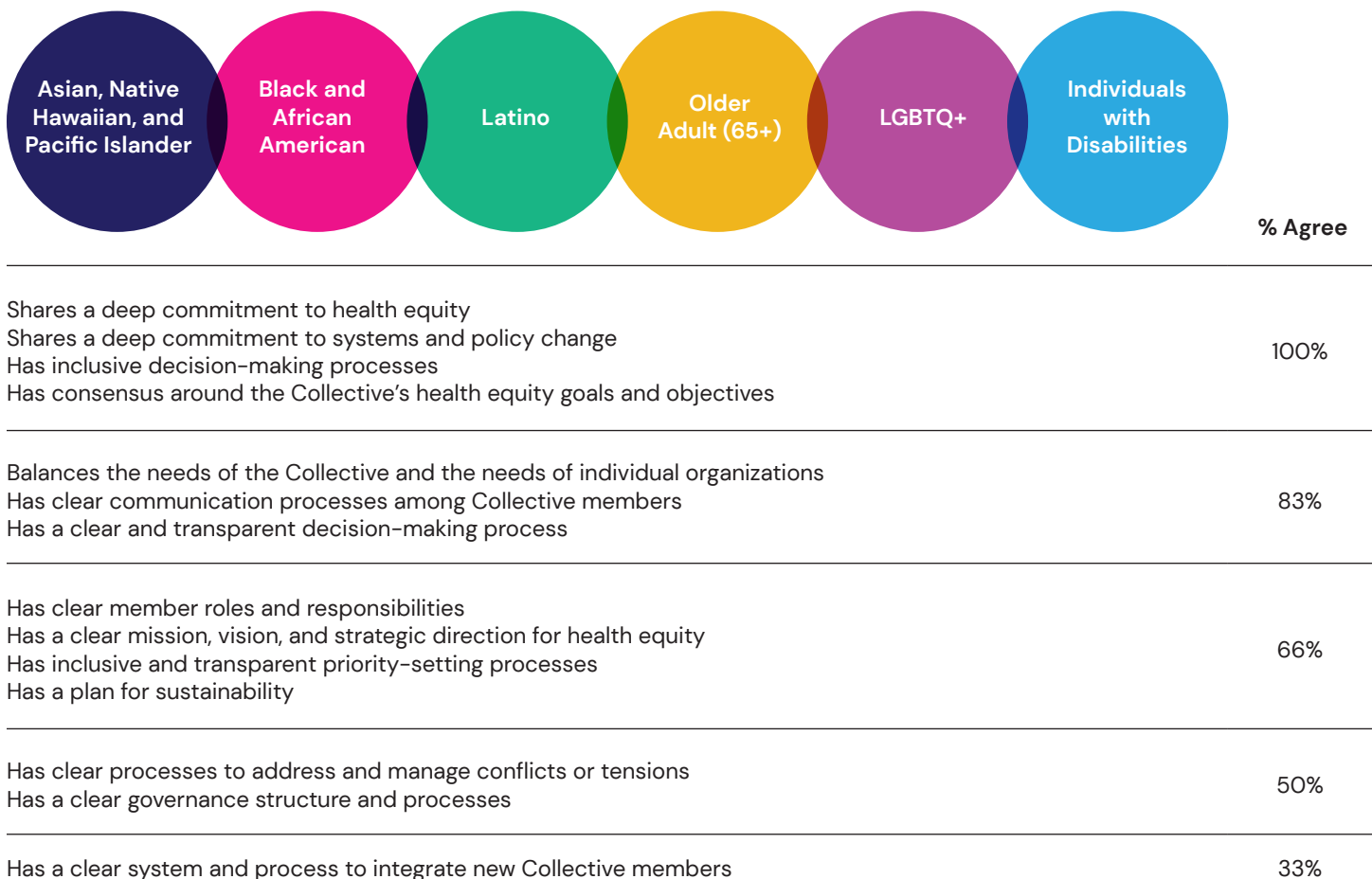
### 50%

of Backbone organizations report having a funding relationship with a department of OCHCA

### 25%

of Population Collective members report having a funding relationship with a department of OCHCA.

### Our Population Collective...



Our Population Collective Members...	All/A majority of our members
<ul style="list-style-type: none"> <li>• Share assets (data, resources, information) with one another readily and easily</li> <li>• Understand the Collective's health equity goals and objectives</li> <li>• Understand the value of policy and systems change to advance health equity</li> </ul>	100%
<ul style="list-style-type: none"> <li>• Share policy proposals with one another</li> <li>• Trust one another</li> <li>• Serve as a vehicle for sharing health equity information with the community</li> </ul>	83%
<ul style="list-style-type: none"> <li>• Share power effectively with other Collective members</li> <li>• Communicate openly with one another</li> <li>• Communicate effectively with the broader public</li> <li>• Engage community members with lived experiences of health inequity</li> <li>• Influence key decision-makers in government</li> <li>• Invest sufficient time and energy in the Collective</li> <li>• Learn from community residents to ensure the work meets their needs</li> </ul>	66%
<ul style="list-style-type: none"> <li>• Regularly advocate for investment and policies that help achieve health equity</li> <li>• Inform one another of meetings they have with elected officials and staff</li> </ul>	50%

**Population Collectives understand the needs of communities most impacted by health inequities:**

**83%**

include individuals with lived experiences of inequities in the Collective meetings

**67%**

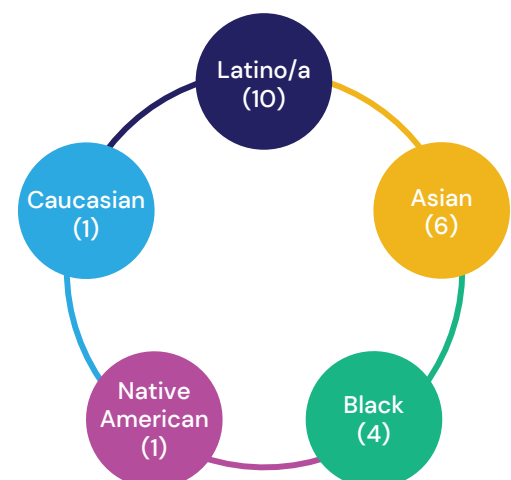
conduct research with residents, host engagement events to learn about the community about health needs, and use data to inform health equity work

## Organizational Participation Grantees and Community Members

**100 grants** were provided to organizations to meaningfully **engage in the EiOC work and associated processes**. Combined, these organizations serve **20** of the CDC-defined priority populations in Orange County.

Priority Population	% grantees providing services
Individuals who are non-English speaking	77%
Individuals adversely affected by persistent poverty or inequality	73%
Latino, Hispanic, Chicano, or Latin American community	73%
Members from mixed immigration status households	72%
Youth community (18–24)	69%
Asian or Asian American community	63%
Individuals who experienced under-employment	63%
Multiracial or multi-ethnic community	63%
Older adult community (65+)	57%
Black or African American community	53%
Mental health and recovery community	51%
Lesbian, gay, bisexual, and queer (LGBQ+) community	49%
Individuals with disabilities	48%
Houseless or unhoused community	44%
Members of gender minorities (transgender, non-binary, or nonconforming)	43%
Middle Eastern or North African community	39%
Native Hawaiian or Pacific Islander community	37%
Members of religious minorities	32%
American Indian, Alaskan Native, Native American, or Indigenous community	30%
Veteran community	28%

In addition, **22 diverse community residents actively engaged in EiOC represent the following communities:** individuals affected by poverty (8), non-English speakers (6), individuals from mixed-immigration status households (5), mental health and recovery (4), individuals with disabilities (4), older adults (2), youth (2), LGBQ+ (2), and those experiencing under-employment (2).



## Office of Population Health and Equity

The Office of Population Health and Equity (OPHE) made progress in the first half of 2022 with internal agencywide improvements and external community collaboration. Most notably, the creation of a Health Outcomes Committee and Data Workgroup with the Office of Project Management and Quality Improvement (PMQI) brings agencywide alignment around operationalizing population health and equity across systems.

In addition, **eight (8) HCA Implementation Teams** were created internally with a commitment to integrate the Institute for Healthcare Improvement's (IHI) Models for Improvement into their work to address and improve health equity throughout Orange County. These Improvement Teams are working across OCHCA in different capacities as follows:

- Outreach and Engagement (O&E): Cross-Sector System of Coordinated Outreach Response for Unsheltered Individuals Experiencing Homelessness
- Procurement and Contract Services: Equity in Contracting
- Public Health Service: Expanding Outreach and Support to Orange County Prenatal Populations
- Correctional Health Services: Advancing Equity in Correctional Health
- Office of Suicide Prevention: Community Suicide Prevention Initiative
- Public Guardian: Advancing Equity for Conservatees
- Project Management and Quality Improvement: Using Quality Improvement to Advance Equity and the HCA Strategic Plan
- OPHE: Increasing community engagement

To continue meaningful engagement with external community partners, OPHE is leveraging the EiOC Taskforce and is in the process of transforming it into the agencywide **Permanent Planning Partnership**. This was initiated in May 2022 and began the transition into a more formal structure in July. OPHE realized that this diverse forum with 143 diverse members is the appropriate body to conduct community assessments and to continually engage with the County on health equity matters. Furthermore, the facilitation of the EiOC Taskforce shifted from IHI to a local consultant who will continue to support the evolution of the Partnership.

**“Our Improvement Team hopes to reduce barriers for small community-based organizations to be able to effectively participate in solicitations by providing tools they can implement that support equitable contracting. This will hopefully have a positive impact; both by increasing inclusion in OCHCA programs and supporting historically disadvantaged communities in Orange County.”**

# WHAT ARE WE LEARNING FROM EQUITY IN OC?

## Data Coordination and Utilization are Critical

**Reflecting on the data** collected at baseline is a critical next step. Now that we have information on who is engaged with EiOC, it is time to step back and ask ourselves: Who is missing from the table? Who can outreach to other communities and populations we may want to engage? Whose voices are the loudest in the process and whose voices need to be uplifted? The baseline data provide us with information that can help plan our next iteration of outreach and engagement to ensure the EiOC Initiative is working for all of Orange County. In addition, the baseline Population Health Equity Collective survey results point to areas where collectives may need some technical support and resources. These are areas where Collectives may not yet have strong systems in place (for example, governance structures, managing conflicts, and integrating new members). It is important to use all data collected in an intentional way to further learning and adaptation as the EiOC Initiative continues to evolve.

With just over six months of implementation to report on, we have set up **learning and evaluation systems** and baseline assessments to track changes over time. We adapted our tracking systems to the CDC's changing metrics (updated in August 2022) through both the Orange County United Way/Ersoylu Consulting evaluation and OPHE Tableau dashboard. Furthermore, we are learning that data collection and monitoring for the upcoming Social Determinants of Health Implementation Grants will require more coordination among consultant partners. Advance OC is the data technical support provider, while IHI has an array of quality improvement monitoring tools and assessments that needs to be timed in coordination with Orange County United Way/Ersoylu Consulting's reporting and evaluation timelines. Plans to streamline various data meetings and requests by grantees are already underway, ahead of the grant awards.

We **identified some emerging data needs for our subpopulations**, such as the American Indian and Alaska Native; Black and African American; Native Hawaiian and Pacific Islander; and transgender and gender nonconforming. This has led to interesting conversations internally and to the creation of ongoing Data Planning meetings with all EiOC consultants. Early signs point to the need for either a) support to help grantees working in these (numerically) smaller populations to identify and implement internal data systems or b) explorations within OCHCA regarding standardizing data collection and data entry for these populations, perhaps housed at the County for consistency. To inform future conversations, we are planning to launch a brief EiOC Taskforce needs assessment survey (in September 2022) to gain clarity.

## Centering Equity Requires Flexibility

The EiOC Initiative has repeatedly demonstrated that adaptability and flexibility are indeed critical to equitable grantmaking. Launching six distinct funding opportunities in under six months has been a great learning experience in how best to communicate various opportunities to the public and the **extensive support needed to help organizations apply for opportunities** aligned with their work. OPHE hosted various office hours early in the year to clarify the objectives of EiOC, while Advance OC hosted workshops on how to use data in project planning. Orange County United Way hosted office hours, bidder's conferences, and online meetups where organizations could come together and find other like-



mindful organizations, so they can potentially partner on funding opportunities. Lastly, in preparation for the launch of the largest fund, the Social Determinants of Health Implementation Grants, IHI conducted a 3-day Community Health Improvement Leadership Academy (CHILA) where organizations could learn about systems change for health equity and form teams to work on projects and proposals. Together, these resources have provided the community with countless “entry points” into the EiOC Initiative, and we are hopeful that this transparency and engagement will continue.

Internally, OPHE is using IHI tools for quality improvement with the intent that these become the standard practice at OCHCA. The IHI Models for Improvement framework helps teams frame their projects differently and provides a new way to do equity work. As one OCHCA team member noted, “There is no quality without equity.” Nonetheless, a perspective shift needs to take place among HCA staff to where equity work is not extra work; it is the way we work. This requires a new level of flexibility and curiosity that must be built over time, **as folks are being asked to work across silos and outside of their comfort zones**. In addition, this requires changing how teams respond to challenges and projects. The focus on equity has surfaced the need for OCHCA to become more comfortable with working on adaptive challenges. Addressing health equity requires comprehensive and institutional change rather than purely technical solutions independent of deeper systemic or cultural shifts.

## Real-time Adaptations are Necessary

We also learned that flexibility requires **rethinking our funding approaches to be more responsive** to community needs. It has come to our attention that several community residents eligible for participation stipends have chosen to forego them for fear of interference with any government benefits. As a result, we are inviting an expert to conduct a Q&A on **whether receiving a stipend impacts their public benefits**. This will hopefully reduce the fear of some community members who are engaged in the EiOC Initiative but are prematurely turning down the stipend.

In addition, after the six Population Health Equity Collectives were chosen to receive funding, it was clear that another funding opportunity needed to be created. Smaller, emerging grassroots organizations did not have the internal structures and processes to handle receiving larger monetary awards; yet they also needed support. As a result, the Power Building Fund was created with the purpose of supporting smaller, grassroots organizations (with budgets under \$500k) and provide them capacity building and technical support to meaningfully engage in the EiOC Initiative work.

**“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

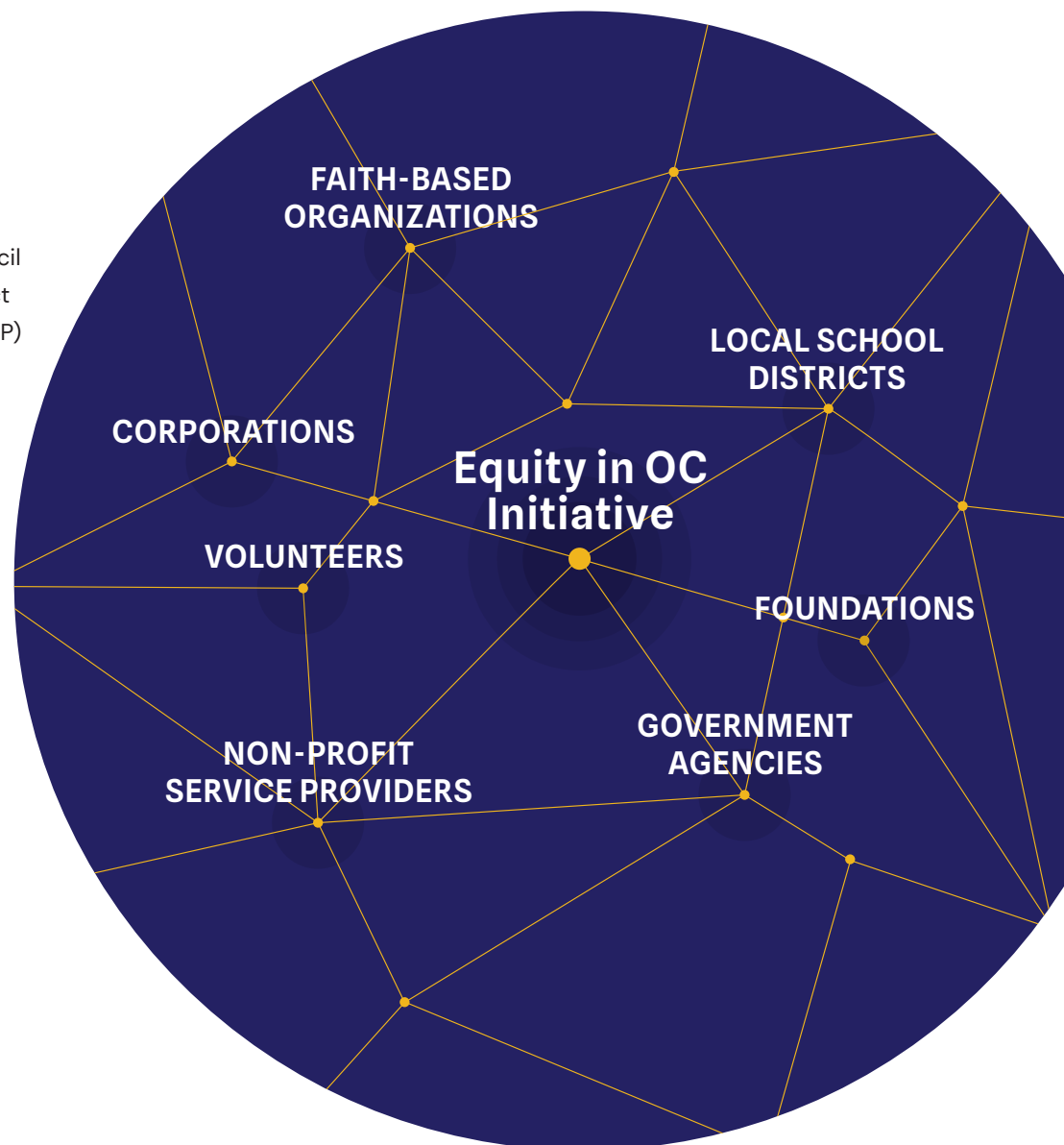
Multi-Ethnic Collaborative of Community  
Agencies (MECCA)

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



Report prepared by Ersoylu Consulting on behalf of  
Orange County United Way for the Equity in OC Initiative.

