

EVALUATION AND LEARNING UPDATE #2

(AUGUST – DECEMBER 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 for the period beginning August 1, 2022 – December 31, 2022. 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?**

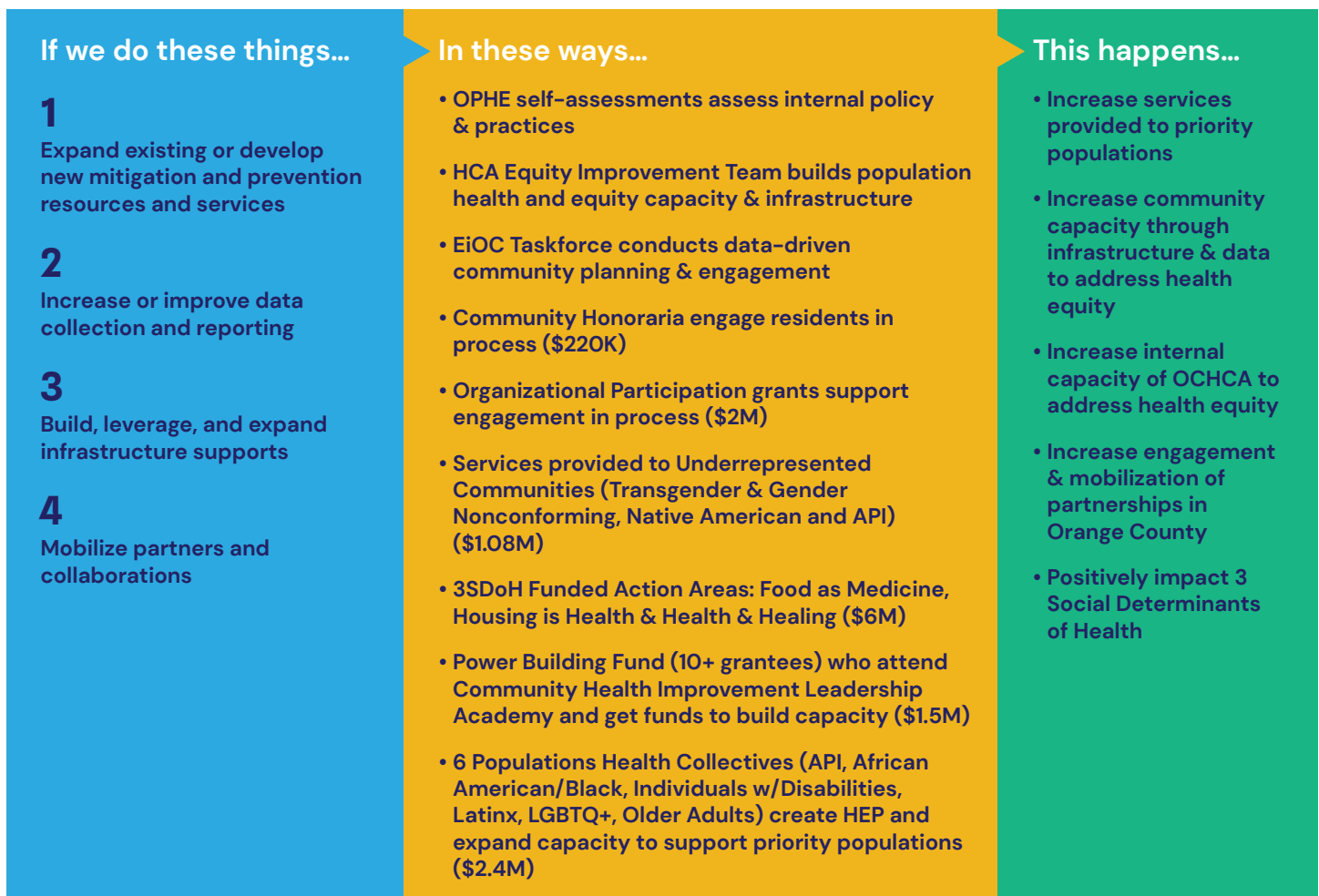
Reflections and next steps of the Equity in OC Initiative

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:

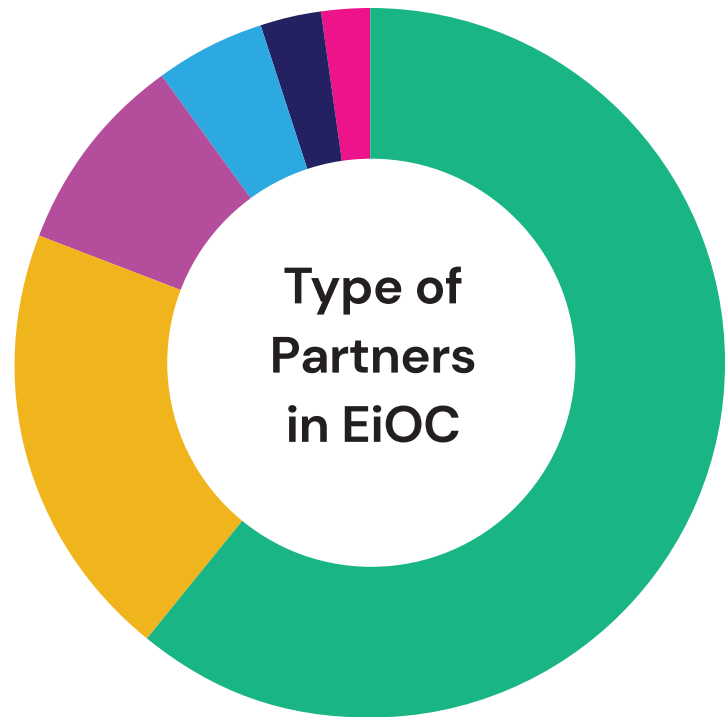
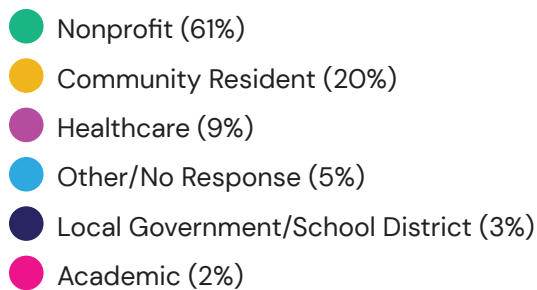
- Expand existing and/or develop new mitigation and prevention resources
- Increase or improve data collection, reporting, and infrastructure
- Build, leverage, and expand capacity and infrastructure of local health departments
- Mobilize partners and collaborators to advance health equity and address Social Determinants of Health (SDoH)

Equity in OC Theory of Change



Create a healthier, more equitable Orange County

Today, there are
171 diverse partner
organizations serving
17 priority populations
across all areas of
Orange County.



WHO IS EQUITY IN OC?

As of December 2022, there were 171 partner organizations engaged in EiOC; up from 143 in June 2022. We can see from the table that there have been increases in the number of organizations serving all priority populations, with the Middle Eastern community experiencing the largest increase.

Priority Population	# of EiOC members providing services		Priority Population	# of EiOC members providing services	
	(JUN '22)	(DEC '22*)		(JUN '22)	(DEC '22*)
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			

* this data was downloaded in February 2023 but approximately reflects the status of partnership as of 12/31/22.

Who is funded by Equity in OC?

Through December 2022, **six (6) distinct funding opportunities have been created** for the Orange County community working to improve health equity. At the time of this report, **\$9,187,894 has been distributed countywide.**

1 Individual Community Member Honoraria (Personal Service Contract)	<ul style="list-style-type: none"> • \$1,400 each for up to 78 individuals from Orange County TOTAL FUND \$110,000 annually (*22 awarded)
2 Organizational Participation Grants	<ul style="list-style-type: none"> • \$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	<ul style="list-style-type: none"> • \$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	<ul style="list-style-type: none"> • \$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	<ul style="list-style-type: none"> • \$50K each for up to 10–20 OC grassroots organizations with budgets under \$500K TOTAL FUND \$500,000
6 SDoH Implementation Grants	<ul style="list-style-type: none"> • \$6M total available for 12 Implementation Partnership grants • 3 Social Determinants of Health Action Areas TOTAL FUND \$6M over 18 months (began November 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 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. During this reporting period, OCHCA provided 14,161 vaccines. An overview of all County COVID-19 efforts can be found at occovid19.ochealthinfo.com/coronavirus-in-oc.

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 **provided various support services** throughout Orange County, from August 2022 to December 2022.

- **62** Latino transgender and gender nonconforming individuals were provided patient navigation services.
- **56** Latino transgender and gender nonconforming individuals were provided support in educational group sessions.
- **51** Latino transgender and gender nonconforming individuals were provided food from the in-house food bank at Alianza Translatinx.
- **229** Native Hawaiian and Pacific Islander (NHPI) individuals received services such as disease prevention, legal or case management services.

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

- **72** NHPI individuals were referred to services for vaccines, housing, COVID testing, and other health services.
- **50** Latino transgender and gender nonconforming individuals were referred to HIV/STD testing, counseling, and other health services.
- **29** Latino transgender and gender nonconforming individuals were referred to mental health services.
- **96** Native Americans, American Indians, and Alaska Native (NAAIAN) individuals were provided referrals to both clinical and non-clinical services.

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

- **29,343** hits to social media regarding health and COVID-19 in the NHPI community
- **1,227** hits to social media (Facebook and Instagram) in the Latino transgender and gender nonconforming community
- Outreach to and engagement with **197** transgender and gender nonconforming individuals through community events
- **925** fliers distributed about health and COVID-19 in the NHPI community
- **30** outreach events conducted by the NAAIAN community reached 2,153 individuals
- **400** NAAIAN community members were reached through email newsletters

“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

Underserved/Underrepresented Communities grantees are in the process of strengthening their data and infrastructure capacities. During this reporting period, grantee organizations reported progress in several metrics related to data and infrastructure improvements. These grantees have been part of improving cross-sector coordination around issues such as housing, while others have improved their coordination and relationships with OCHCA to support their community health equity work. During this time, these organizations have also strengthened their data systems by creating more sophisticated data tracking tools as well as using apps to track their outreach.

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

In addition to the Underserved/Underrepresented Communities grantees, the six (6) **Population Health Equity Collectives** have also been focused on building their capacities around both data and infrastructure. These six (6) Collectives will each ultimately create a Health Equity Plan (HEP) for how best to serve their communities, and as their Collectives work to strengthen their data and infrastructure capacities, they are also working to expand their impact and reach in the community. Several Collectives have created Data Work Groups to ensure that their HEPs are data-driven and relevant to the unique needs of their communities.

Data Items	# grantees (max. 6)
Data Collection & Reporting Indicators:	
Established plans for collecting, analyzing, and reporting data	6
Established, enhanced, or maintained data systems	3
Added workforce support (staff or volunteer) for data collection, analysis, and reporting	5
Developed written key data principles and resources	1
Developed Monitoring & Evaluation Plan	1
Data Quality Indicators:	
Implemented health equity data education (training/workshop) within your organization	6
Developed plans for data quality assurance and improvement	1
Data coordination within or across departments and systems	3
Local OC Indicators:	
We have a Population Overview for our community from Advance OC	2
We have explored the OC Equity Map/ OC Social Progress Index for relevant data	2
We have explored other data sources for our target community	6
We have shared data to tell a story to our partners	2
We have shared data to inform our internal staff or board	3
We have increased our agency resources/budget for data infrastructure	0
INFRASTRUCTURE ITEMS	# grantees (max. 6)
Improvements within Recipient Organization	
Expanded or enhanced workforce as due to funding	3
External training or education has been provided to Population Health Collective	3
Improvements across relevant partner or agency organizations	
Provided training or education within broader community	4
Improved cross-sector coordination and systems	5

In addition to the work being done on data and infrastructure by the aforementioned grantees, there are also **10 Power Building Grantees** are receiving tailored capacity building support 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). **These groups are providing services across all five Supervisorial Districts.**

Power Building Grantee Primary Health Equity Activities	
Community Engagement/Mobilization	100%
Leadership Development	60%
Coalition Building/Strengthening	50%
Collaboration Among Health Equity Advocates	50%
Budget/Administrative Advocacy	40%
Policy Advocacy	40%
Communications & Messaging	30%

The Power Building Grantees will spend their grant funding in ways that develop and strengthen their organizational capacity. Although they identified their primary strengths as community education (90%), service provision (70%) and community engagement (50%), they also identified several areas where they would like to receive support and/or trainings, as noted below. As a result, the training and support plans were created by the team at United Way and grantees are offered continuous 1:1 support and a tailored training series is being planned for Q1 of 2023.

Power Building Grantee Trainings Requested		Power Building Grantees Areas of Requested Support	
Program Strategy & Planning	80%	Program Strategy & Planning	70%
Fundraising/Development	60%	Fundraising/Development	60%
Communications/Public Relations	50%	Civic Engagement/Outreach/Mobilization	60%
Civic Engagement/Outreach/Mobilization	60%	Policy & Budget Advocacy Support	50%
Policy & Budget Advocacy Support	44%	Communications/Public Relations	50%
Evaluation & Data	44%	Evaluation & Data	40%

Lastly, when thinking about infrastructure and data capacity, it is important to understand what the broader Equity in OC community needs are—beyond the grantees. As such, a survey was administered to all members of the EiOC Task Force (October 2022). Of the **69 respondents**, **54% currently receive funding** from the EiOC Initiative’s various funding streams. This data helps us understand what the broader Task Force would like to see regarding trainings and support.

If one-time funds were available, which of the following would help further your health equity work?		In which of the following topic areas would you like trainings or workshops?	
Convene community residents for engagement and/or power building	57%	Community power-building/ base-building	56%
Convene partners to pursue systems change opportunities	49%	Community engagement, outreach, and mobilization	47%
Train staff in community outreach, engagement, and mobilization	32%	Policy advocacy	44%
Train staff in policy advocacy	29%	Fundraising/ fund development	41%
Trainings on power-sharing & movement building	20%	Program strategy & development	40%
Trainings for my coalition	20%	Evaluation and/or data	37%

Forty-three (43) Task Force members shared their open-ended responses when asked about **what OCHCA can do to help advance health equity**. Ideas and suggestions around **funding** (7), as well as **capacity building and training** (7) and **engaging community voice** (5) were mentioned the most frequently. In addition, **addressing the housing crisis** was mentioned several times. Some respondents wanted support with **visibility and communications** while others requested **data support**. **Ongoing collaboration** was mentioned as well with comments focused on strengthening engagement with educational entities.

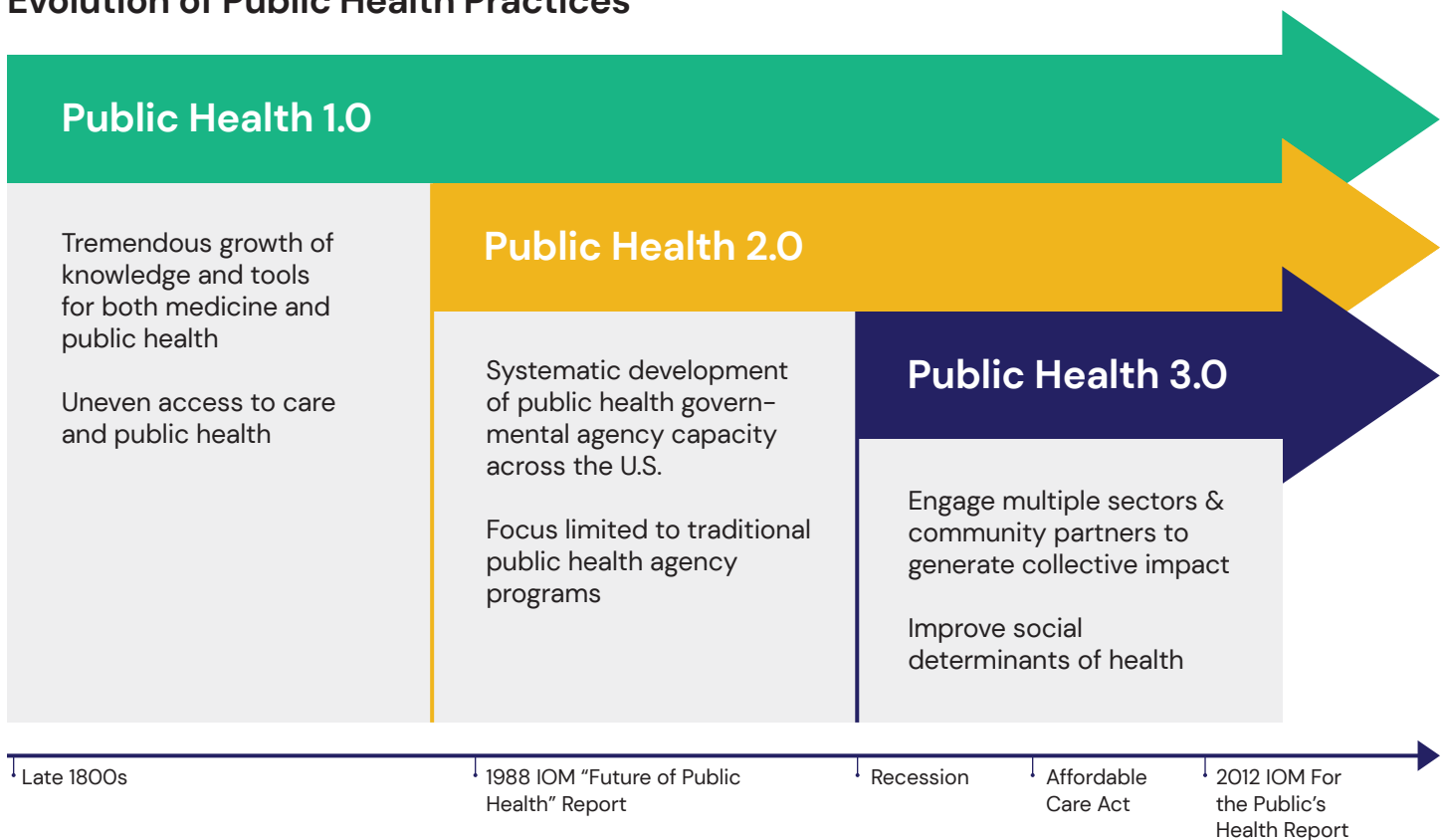
- Building a connection to community colleges as key partners in developing the health workforce
- Partner with educational entities

STRATEGY 4

Mobilize partners and collaborators

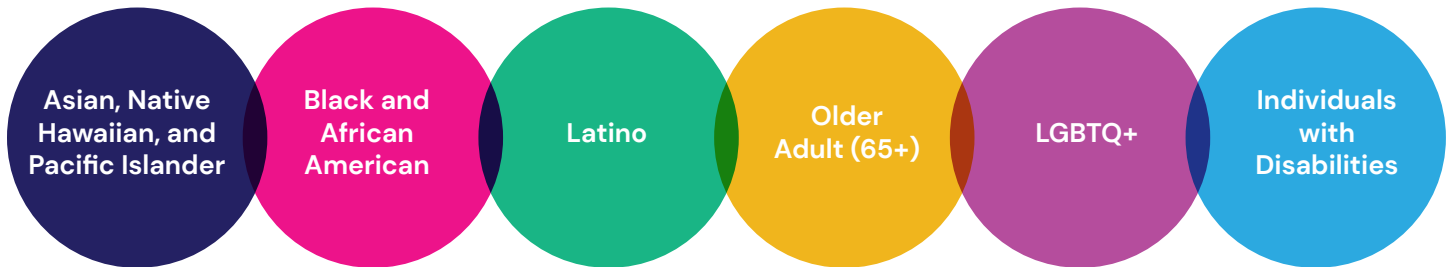
This strategy is indicative of HCA's commitment to the Public Health 3.0 framework, as demonstrated by the focus on partnerships and the desire to impact the social determinants of health. This strategy has been the most comprehensively implemented strategy of Equity in OC during the first year. Several organizations have been involved in creating, expanding, or strengthening partnerships and collaborations—including OPHE and their internal work at HCA. This is reflected in the expansion 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, the overview of outcomes from the **Community Health Improvement Leadership Academies (CHILA)** 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



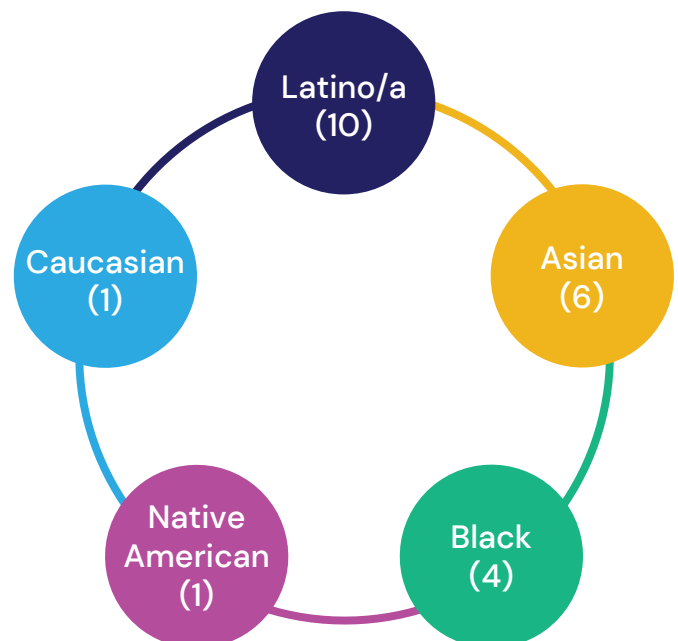
Six (6) Population Health Equity Collectives are building capacity within six (6) priority communities (Asians, Native Hawaiians, and Pacific Islanders; Blacks and African Americans; Latinos; Older Adults; LGBTQ+; and Individuals with Disabilities). At baseline, there were **80 unique organizations** across the six (6) Population Collectives; **during 2022, three of the Collectives have increased their membership**. 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 HCA staff involved.

Organizational Participation Grantees and Community Members

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

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), LGBTQ+ (2), and those experiencing under-employment (2).

In November 2022, a brief survey was sent to all organizations who had received \$10,000 Organizational Participation grants for their engagement in EiOC activities. Of the 99 organizations who responded, 70% of the organizations report having leadership and board members that reflect the community they serve while 63% are women-led and 50% are BIPOC-led. Additionally, 29% of the organizations are volunteer-led and 15% are LGBTQ+-led.



When asked what populations they primarily serve, **Organizational Participation** grantees identified the following communities:

- Adversely affected by persistent poverty or inequality – 54%
- Communities of color – 51%
- Non-English speaking – 48%
- Latino/a – 44%
- Older adults – 30%
- Asian American, Native Hawaiian, and Pacific Islander – 29%

Grantees reported their primary activities as:

- provide direct services – 72%
- community engagement/ mobilization – 71%
- collaboration among health equity advocates – 65%
- coalition building/ strengthening – 63%

Overall, **89% of the grantees reported having committed to operationalizing equity within their organization.** Primarily, grantees reported incorporating DEI into their Strategic Plans, creating DEI plans or frameworks, altering their hiring practices (e.g., screening for implicit bias), and including individuals with lived experiences into their leadership or boards of directors.

CHILA

In collaboration with the Office of Population Health and Equity (OPHE), the Institute for Healthcare Improvement (IHI) conducted two (June and October 2022) 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. Together, these events have provided the community with numerous “entry points” into the Equity in OC Initiative, and we are hopeful that this transparency and engagement will continue.

“As soon as I arrived at the CHILA 2 venue, I felt the excitement in the room. [After the CHILA] OPHE staff matched me with an Improvement Team working with older adults. I attended the Team’s last meeting, applied to become a community-member participant, and was scheduled for an interview. I am looking forward to, hopefully, being officially voted in, and to truly become an active member of an Improvement Team.”

– Community Member, CHILA Participant

The CHILAs have served as a critical skills and community-building space during the second half of 2022. The resource-sharing and power building elements have been a way to support lasting relationships between community leaders, organizations, and OPHE staff. Having cross-sector representation at the table where groups have experienced the IHI frameworks for community transformation together has been one way that relationships have been continually strengthened during the EiOC initiative. As the table below demonstrates, participants have truly found value in these convenings; they have increased trust among one another, increased their technical skills to engage in equity work and have impacted their efficacy that this work will make lasting change in their communities.

On a scale of 1 (not at all) to 5 (completely), how well did the CHILA do each of the following...	June 30 (n=109)	October 20 (n=61)
Helped increase my trust in the EIOC (people, processes, and methods)	4.2	4.1
Sparked or deepened my relationships with others working on equity in Orange County	4.3	4.2
Increased my hope and/or the belief that I can improve equity in Orange County	4.2	4.2
Made me excited to continue my journey with EIOC	4.3	4.2
The technical content (sessions) was engaging and understandable	4.1	4.0
Effectively illustrated how OC can become a healthier place through our collective work	4.0	4.1
Allowed us to practice applying what we learned	4.0	4.0
Discern new insights between my personal leadership and community transformation	3.9	4.2
Helped us understand that the community transformation required to “move the needle” on health equity requires new mindsets, strategies, methods, and tools	4.2	4.1

Office of Population Health and Equity

The Office of Population Health and Equity (OPHE) made progress in the second half of 2022 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, **six (6) HCA Implementation Teams** remain committed to integrating 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
- Public Guardian: Advancing Equity for Conservatees
- Project Management and Quality Improvement: Using Quality Improvement to Advance Equity and the HCA Strategic Plan
- Office of Population Health and Equity: Increasing community engagement

These teams are continuing their work to build their capacities with project management support from internal OCHCA staff as well as quality improvement coaching as needed from the IHI team. Internally, teams are making shifts in their work culture to integrate quality improvement tools and techniques that will help support their health equity work countywide. In early 2023, two of the improvement teams will have the opportunity to engage in Equity Action Lab processes (see below) to deepen their work.

“CHILA’s impact on our department has been most evident in building relationships among the team members. The members have been open to different perspectives while focusing on an often-overlooked vulnerable population. We are working to streamline activities to ensure a consistent and equitable process for those suffering from mental illness who are or have been in custody.”

—Shelia Roberge, OCHCA Public Guardian Implementation Team

To continue meaningful engagement with external community partners, OPHE has transformed the Equity in OC Taskforce into the agencywide permanent planning partnership, **Equity in OC Partnership** (EiOC Partnership). With the hiring of an independent facilitator in late 2022, the planning table will now serve as a community partnership that will advance the work of the EiOC Task Force and of the previous OC Health Improvement Partnership (HIP) and promote and sustain Orange County's collective responsibility to cultivate strong and healthy communities. The EiOC Partnership has identified the following three (3) goals:

- 01 Support the EiOC Initiative** by taking part in networking, information and resource sharing, and storytelling to create a healthier, more resilient and equitable Orange County.
- 02 Guide periodic countywide assessments** to inform the development of a Health Improvement Plan.
- 03 Establish health priorities and promote the adoption of associated health improvement plans and innovations** for better health outcomes and a strong OC health care system.

In addition to the internal implementation teams and planning partnership, there have also been two additional systems and policy changes at OCHCA that help to support the sustainability of health equity efforts. On November 22, 2022 the Orange County Board of Supervisors passed, **"A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF ORANGE DECLARING RACISM AND INEQUITY AS A PUBLIC HEALTH CRISIS"** as have several other health jurisdictions across the state, noting that racism and inequity are public health crises. This is a significant step and now the County can begin to operationalize this in the upcoming year.

Lastly, the OC Health Data Portal was designed during this reporting period. It is the intent of the data portal to provide 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, providing a data exchange that can serve the OC community.

What is an Equity Action Lab?

An Equity Action Lab is a flexible and adaptable model that uses a set of activities to bring together a diverse group of community stakeholders to act in pursuit of equity and community improvement. The model was built using human-centered design principles, which puts the people most affected by the inequities, or the problems in a system, at the center of designing new solutions.

WHAT ARE WE LEARNING FROM EQUITY IN OC?

Sustainable Practices are Critical

The Equity in OC Initiative has repeatedly demonstrated that a true systems-change approach is the way to create a healthy, equitable County. During the second half of 2022, this work was operationalized in ways that will strengthen communities in the long term. Because we know that grant funding is invariably short-term in nature, it was important for this initiative to explore ways to make lasting changes that will “outlive” the funding. Internally, the County has done this by creating the Equity in OC Partnership, which can serve as a true model for community engagement—ensuring community voices are integrated into the work of any County plans. In addition, the OC Health Data Portal will serve as a concrete measure to democratize data for community groups and individuals in pursuit of health equity.

At the grantee level, many have been able to make critical changes to infrastructure that will outlast their funding. These changes are evidenced by database and data collection enhancements as well as through the strengthening of the Population Health Collectives, many of whom are working in new ways to ensure engagement with community, as well as infrastructure on data and sustainability. In addition, others have been able to make critical staffing decisions to ensure community needs are met. Taken together, these shifts are changing the way organizations work to meet the health equity needs of the County.

Centering Equity Means Building Community

This work of improving health equity requires a new level of flexibility and curiosity, but also of trust building among community organizations and individuals that must be built over time. As people are beginning to work in community at a deeper level, and outside of their comfort zones, **spaces to build community are critical**. In both June and October 2022, the EiOC hosted two CHILAs that provided opportunities for participants to not only build skills but also build a sense of community and identify areas for synergy and collaboration. These CHILAs have proven invaluable to the participants and have led to several new collaborations that are now supported by SDoH grants.

In addition to the CHILAs, the Population Health Collectives have continued to solidify their internal structures and processes, increasing their ability to affect change in the health equity space. These groups have been working to mobilize community through increasing their membership, creating sub-committees to deepen the work and continue to work toward their Health Equity Plans that will clarify the key strategies they are interested in pursuing jointly in 2023 and beyond.

Pivoting is a Necessary Component of Continuous Quality Improvement

Flexibility during this process has been paramount. “Doing” the work of equity can often look from the outside like taking a step forward and two steps back, but it often means doing the work in a way that will make it sustainable. This was the lesson learned from the OCHCA Health Improvement Teams when it became clear that the teams were not making progress with external IHI coaches on the Community Solutions Model. This was because deep internal contextual understanding was needed to support the teams in their work and internal OCHCA staff with project management lens was more appropriate to help move these teams forward than an external expert. It simply proved to be more efficient and a better cultural fit.

Another instance of pivoting was when it was clear that applicants needed more time to think through their potential projects, so we extended the deadline for applications for the SDoH fund. This extension was also supported with increased office hours where potential applicants could ask questions and identify possible collaborators for their project ideas, as well as a relaxing of the (extensive) supporting application documents that were originally requested to ensure that only the most relevant elements were required. Next, a second opportunity to pivot occurred when the SDoH grantees were awarded, and it was evident that there were no funded projects awarded to work on the “Food as Medicine” SDoH area. As a result, the project team at OPHE and United Way have begun to brainstorm how best to support this SDoH area, and what that funding mechanism can ultimately look like. In 2023 we will see something that addresses this third SDoH area.

In addition, when the Power Building Fund was released in summer 2022, it became clear that there was a need to expand upon the program, as there was a significant number of applicants. In response to this, work began to brainstorm the 2023 iteration of the Power Building Fund with an eye on how to not only expand it but deepen its impact, while still providing them capacity building and technical support to meaningfully engage in the Equity in OC 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

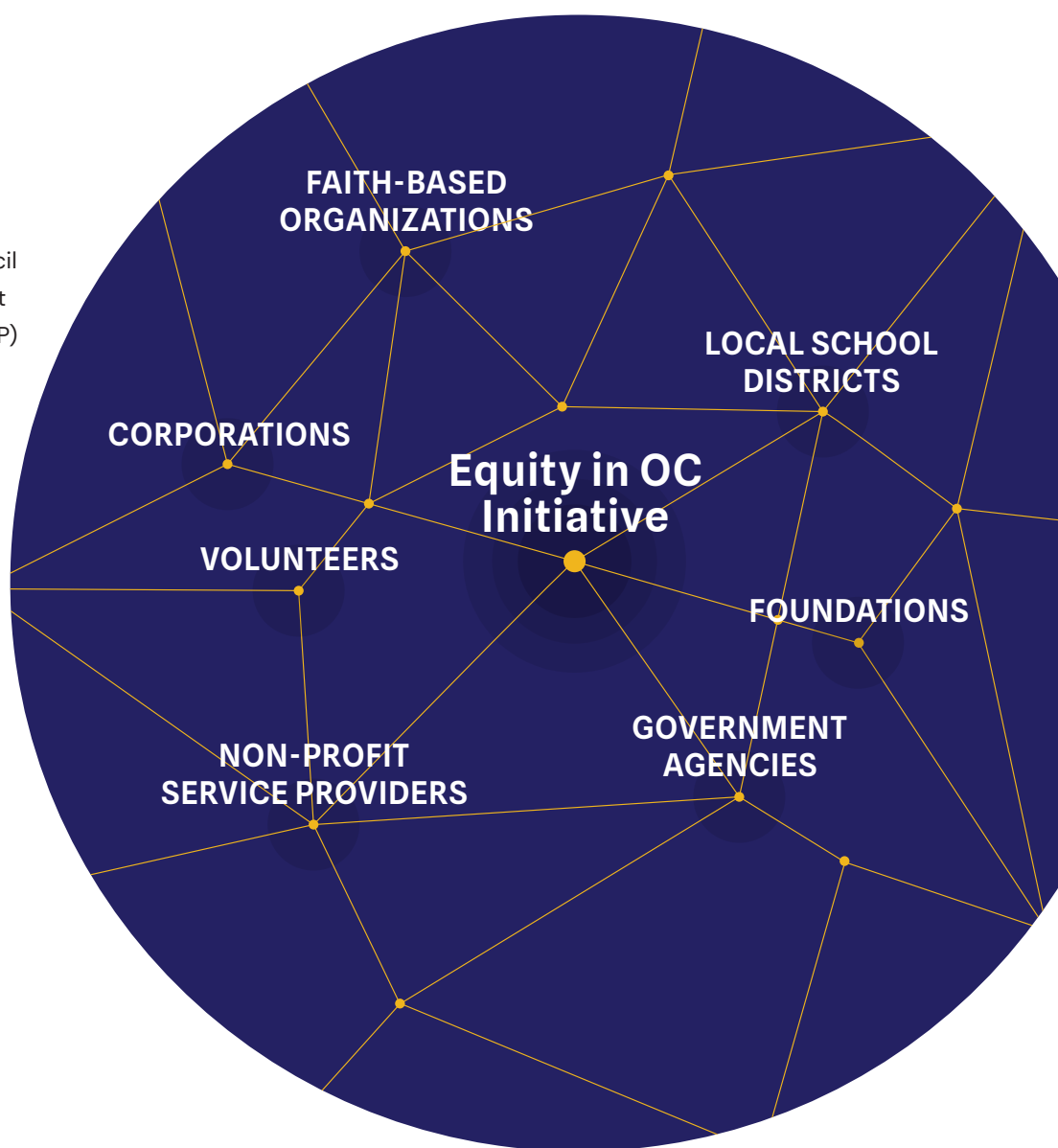
Multi-Ethnic Collaborative of Community
Agencies (MECCA)

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
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