

# EVALUATION AND LEARNING FINAL REPORT

(JUNE 2022 – MAY 2024)

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 entire grant period of June 2022 – May 2024. 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?**

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## **Who is Equity in OC?**

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## **What did Equity in OC support?**

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## **What did we learn from Equity in OC?**

Reflections on 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 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)



# WHO IS EQUITY IN OC?

As of May 2024, there were **186 partner organizations** engaged in EiOC, a **30% increase** from 143 in June 2022. These partner organizations serve 17 distinct priority populations. The diversity in organizations is a result of the EiOC team’s continuous focus on improvement, identifying gaps, and outreach to new members who represent these priority populations.

Priority Population	# of EiOC members providing services		Priority Population	# of EiOC members providing services	
	(JUN '22)	(MAY '24)		(JUN '22)	(MAY '24)
Latino/a community	86	102	LGBTQ+ community	45	56
Individuals in persistent poverty	81	92	Black community	40	47
Non-English speakers	73	88	Unhoused	40	51
Multi-ethnic	71	80	Gender minority	37	47
Mixed-immigration status	69	79	Native Hawaiian/Pacific Islander	24	31
Youth	66	75	Middle Eastern	23	41
Asian community	64	74	Veterans	20	25
Under-employed	59	70	American Indian/Native American	18	26
Older Adults	56	65			

Today, there are **231 diverse partners** across Orange County.

- Nonprofit (80%)
- Community Resident (8%)
- Healthcare (4%)
- Other/No Response (4%)
- Local Government/School District (2%)
- Academic (2%)





Additionally, there were hundreds of community residents engaged in the EiOC Initiative countywide. In particular, **94** individual community residents were engaged—a combination of individuals unaffiliated with an organization who engaged in the Task Force meetings (**45**), or the other **49** individuals who received participation compensation from Orange County United Way to engage in various EiOC activities. There were another **324** residents engaged via the **12** Social Determinants of Health Implementation Teams' work and **248** individuals from the **8** Population Health Collectives. In addition to all of this, over **500** additional residents were engaged in forums, focus groups, and surveys conducted by the Implementation Teams and thousands more were outreached to by the Underrepresented Communities Grantees.<sup>1</sup>

Because residents were involved in different “tables” of engagement and services through this initiative, we cannot say that these numbers are unduplicated, as the grantees each shared their participant numbers for items such as services provided, outreach to the community, engagement with continuous Implementation Teams, participation in Collectives, as well as in forums, as survey and focus group participants. Resident engagement was woven throughout this initiative, and it is important to acknowledge the work of dozens of organizations and grantees to get community residents continually involved in the equity work.

## Who is funded by Equity in OC?

Through May 2024, **six (6) distinct funding opportunities have been created** for the Orange County community working to improve health equity. At the time of this report, **\$13.1M has been awarded countywide.**

<b>1</b> Individual Community Member Honoraria (Personal Service Contract)	<ul style="list-style-type: none"> <li>• 49 Orange County community members</li> </ul> <b>TOTAL DISTRIBUTED</b> \$152,990
<b>2</b> Organizational Participation Grants	<ul style="list-style-type: none"> <li>• 141 OC-based organizations</li> </ul> <b>TOTAL DISTRIBUTED</b> \$1.78 Million
<b>3</b> Grants for Underserved/Underrepresented Communities	<ul style="list-style-type: none"> <li>• 4 OC-based organizations representing the Native Hawaiian and Pacific Islander; American Indian and Alaska Native; and Transgender and Gender Nonconforming communities</li> </ul> <b>TOTAL DISTRIBUTED</b> \$1.08 Million
<b>4</b> Population Health Equity Collective Grants	<ul style="list-style-type: none"> <li>• 8 Collectives (API, Black, Latino/a, LGBTQ+, Individuals w/Disabilities, Older Adults, SAMENA, Food Security, Nutrition &amp; Access)</li> </ul> <b>TOTAL DISTRIBUTED</b> \$2.80 Million
<b>5</b> Power Building Grants (Rounds 1 and 2)	<ul style="list-style-type: none"> <li>• 29 OC grassroots organizations with budgets under \$500K (\$50K awarded to each)</li> </ul> <b>TOTAL DISTRIBUTED</b> \$1.45 Million
<b>6</b> SDoH Implementation Grants	<ul style="list-style-type: none"> <li>• 12 Implementation Partnership Teams</li> <li>• 2 Social Determinants of Health Action Areas</li> </ul> <b>TOTAL DISTRIBUTED</b> \$5.96 Million

## WHAT DID EQUITY IN OC SUPPORT?

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

## 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 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 OCHCA Public Health Services has conducted substantial work in the community by providing COVID-19 mitigation and prevention services. An overview of all County COVID-19 efforts can be found at [occcovid19.ochealthinfo.com/coronavirus-in-oc](https://occcovid19.ochealthinfo.com/coronavirus-in-oc).

In addition to work conducted by the OCHCA, the **Underserved/Underrepresented Communities Grantees** (*Native Hawaiians and Pacific Islanders; Native Americans, American Indians, and Alaska Natives; and Transgender and Gender Nonconforming Community*) have conducted a combination of **supportive service, referral, linkage, outreach, and engagement activities**, related to COVID-19 for their respective communities. The following data is a report of services provided in the Orange County community between June 2022 and May 2024. Below are highlights of these efforts.<sup>2</sup>

### Supportive Services Provided

- **204 Transgender and Gender Nonconforming individuals** were provided case management and/or patient navigation services; 193 of these individuals were Latinx. Of these, **23 individuals** received mental health support services from Alianza Translatinx, **attending over 91 counseling sessions**.
- In addition, **122 educational presentations and workshops** were provided to the Transgender and Gender Nonconforming community on topics such as COVID-19 services, immigration services, HIV/STD prevention services, mental health and other information; these opportunities total **1,897 educational encounters**. In addition, vaccine clinics were hosted, **providing 138 vaccines** for COVID-19, Monkeypox, and/or flu.
- **854 NHPI individuals** (unduplicated) received support services such as transportation, translation of materials, technology training, accompaniment to doctor visits, case management, and vaccine testing/education. In addition, health navigators were able to make mental health wellness assessment calls to **650 NHPI individuals** (unduplicated).
- **86 American Indian/Alaska Native (AI/AN)** received a combination of direct support services such as housing services, mental health services, food banks, and other supportive services such as 1:1 check-ins.



## Referrals and Linkages for COVID-19 Testing, Vaccinations, and Other Mitigation Strategies

- **818 referrals** and 448 actual service linkages such as transportation, food banks, mental health services, housing assistance, social groups, Prep services, COVID-19, violence prevention, and other services were provided to the Latinx community.
- **457 NHPI individuals** received referrals to services such as vaccines and testing supports, primary care linkages, and other supports (including housing, health services, legal, financial resources, and educational services.)
- **335 Native Americans, American Indians, and Alaska Native (NAAIAN)** individuals were provided referrals and linkages to both clinical and non-clinical services.

## Outreach and Engagement Activities

- **64,522** accounts were reached by Alianza Translatinx social media regarding COVID-19 and other health information to the **Latinx Transgender and Gender Nonconforming community**; **1,049** fliers were distributed; **5,434 community members** were reached through **39 community events and outreach activities**.
- **110,255** hits to social media regarding health and COVID-19 in the **NHPI community**; **3,748** fliers distributed about health and COVID-19 in the **NHPI community**; **3,710 NHPI individuals** were contacted via festivals, health fairs, workshops, and door-to-door canvassing. NHPI community was reached through social media campaigns and COVID-19 related posts.
- **24,100 NAAIAN** individuals were reached through social media and online events. An additional **400 NAAIAN** community members were reached through email newsletters, **336** were reached via an email listserv; **2,608 individuals** were reached at over **329** community events.

## STRATEGY 2

## Increase/improve data collection and reporting

## STRATEGY 3

## Build, leverage, and expand infrastructure support

There have been substantial increases in both data and infrastructure supports during the grant period. While the United Way team have provided evaluation training and data technical support to the grantees, the Advance OC team have also provided 1:1 support to grantees.

### Advance OC Data Support

As a part of the overall EiOC data strategy, Advance OC was contracted to support the EiOC grantees. They have **hosted 102 technical assistance meetings** for EiOC members and other community partners from July 2023–May 2024. During this time, Advance OC provided presentations on data principles, data training, and 1:1 data support to EiOC grantees and partner organizations.

### United Way Data and Infrastructure Support

United Way staff provided several trainings and 1:1 technical support to the EiOC grantees during the grant period. Most notably, the Power Building grantees were provided trainings that support their organizational infrastructure and data capacities. These trainings were offered during the past two years and attended by the majority of Power Building Grantees:

- Communications & Marketing
- Power Analysis
- Advocacy
- Fund Development
- Data & Evaluation
- Data Management

## EiOC Grantee Impacts

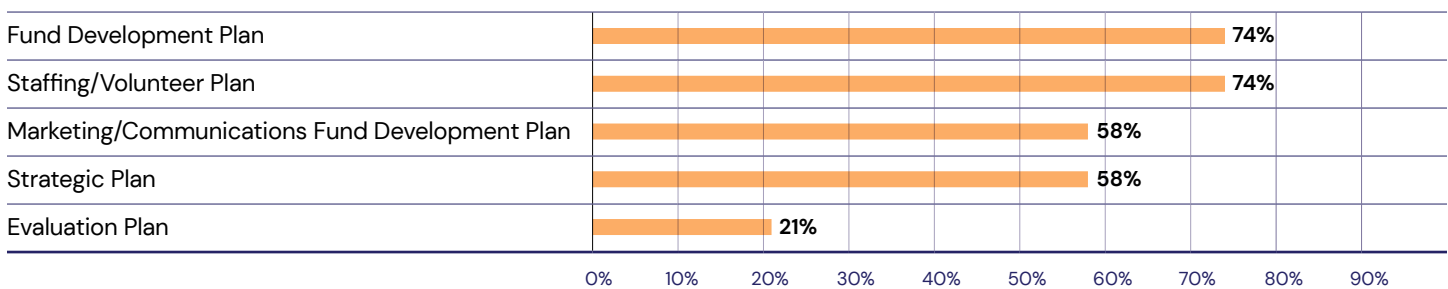
During the grant period, Underrepresented Communities, Population Health Collective, and SDOH Grantees reported progress along several metrics related to data and infrastructure improvements. Of the 23 grantees tracked, they made the following data and infrastructure improvements.

Data Collection and Quality Improvements	Underrepresented Communities Grantees (n = 3)	Population Health Collectives (n = 8)	SDoH Grantees (n = 12)	Total
Explored other data sources for our target community	3 (100%)	8 (100%)	12 (100%)	23 (100%)
Created plans for collecting, analyzing, and reporting data	3 (100%)	8 (100%)	12 (100%)	23 (100%)
Explored the OC Equity Map and OC Social Progress Index for data relevant to our community	3 (100%)	8 (100%)	11 (92%)	22 (96%)
Shared data to tell a story to our partners	2 (67%)	8 (100%)	11 (92%)	21 (91%)
Established, enhanced, or maintained data systems	3 (100%)	6 (75%)	10 (83%)	19 (83%)
Developed Monitoring and/or Evaluation Plan	2 (67%)	5 (63%)	11 (92%)	18 (78%)
Data coordination within or across departments and systems	3 (100%)	7 (88%)	12 (100%)	22 (96%)
Added workforce support (staff or volunteer) for data collection, analysis, or reporting	3 (100%)	7 (88%)	9 (73%)	19 (83%)
Implemented health equity data education efforts (trainings/ workshops)	3 (100%)	8 (100%)	11 (92%)	22 (96%)

Infrastructure Improvements	Underrepresented Communities Grantees (n = 3)	Population Health Collectives (n = 8)	SDoH Grantees (n = 12)	Total
Expanded or enhanced workforce because of this funding	3 (100%)	7 (88%)	10 (83%)	20 (87%)
Improved cross-sector coordination and systems	3 (100%)	8 (100%)	12 (100%)	23 (100%)
Convened multisector coalitions or advisory groups	2 (67%)	8 (100%)	11 (92%)	21 (91%)
External training or education has been provided to group	3 (100%)	8 (100%)	11 (92%)	22 (96%)

In addition to the advances that the aforementioned grantees made in data and infrastructure improvements, the Power Building Grantee cohorts were also able to improve their data and infrastructure during this time as well. In year two of the Power Building Fund, there were **19 grantees<sup>3</sup> actively working to build their organizational structures and leadership** to be able to sustain power within the ecosystem of health-equity organizations in Orange County. These grantees created a variety of actionable plans to support their work long-term. In addition, they have been provided with 1:1 capacity-building support and trainings based on their identified needs.

### Types of Sustainability Plans Created



Together, this funding and the associated capacity-related supports have provided a space for these historically grassroots organizations to be increasingly able to engage in the health equity work across the County. These 29 grantees (10 in year one and 19 in year two) were also tasked with sustainability planning, resulting in the creation of various types of Strategic Plans and Evaluation, Communications, Fundraising and/or Staffing Plans. In addition, **half of these grantees were able to leverage their EiOC funding to garner additional funding**. This will benefit not only the broader ecosystem, but also the organizations own ability to pursue their goals.

Grantees reflected on how the Power Building Fund supported their organizations. One grantee summed up the unique benefits of the fund:

"The Power Building Grant was more than just a benefit financially, but the information alone was priceless; it gave us a **seat at the table** and helped us understand where we need to be, what we need to do and how to become more sustainable...The funding was different from other funding because it **eliminated systemic barriers that usually hinder smaller organizations from qualifying for capacity building funding**. Also, they allowed organizations to do what they felt would be best for their organization without stringent restrictions that would have prevented us and other smaller CBO's from being able to receive funds...It gave us the ability to make the choice on how to become sustainable, the type of support we needed for what we do. The Grant **not only provided the funding, but it backed it up with knowledge from people with the expertise on how to navigate and use the funding.**" *-Urban Social Services & Advocacy*

Other grantees noted how this funding was distinct from other funding:

"This funding was a true capacity building opportunity that differed from other funding because it was **highly empowering, less intimidating and provided us with more approachable mentors and supports.**" *-Saahas for a Cause*

"As a newly formed organization, focused on building the advocacy capacity of BIPOC-serving CBOs in Orange County, the Power Building Grant was instrumental; **as we are not a direct-service organization, our options for funding are limited.** The flexibility we were provided allowed us to increase our capacity and cover staff salaries was incredibly helpful. **Being part of a cohort of CBOs that are similarly sized and provided with spaces for information sharing and training was invaluable to our growth.** In addition, we were able to **leverage the Power Building Funds to receive additional funding** to support our capacity building and advocacy work, allowing us to sustain our work." *-Asian American Action Center*

"This funding provided us with the seed money which allowed us to bring on a staff member, sustain a local office space, create a marketing package, write grants and work on establishing internal systems. It has also **given our organization the sustainability needed to expand our work;** we leveraged these funds to become one of California Statewide telehealth service providers, a grant that will provide us funding for the next 2 years. **None of this would have been possible without the Power Building Grant.**" *-Qazizada Multicultural Therapy Clinic*

## STRATEGY 4

## Mobilize partners and collaborators

### Organizational Participation Grantees

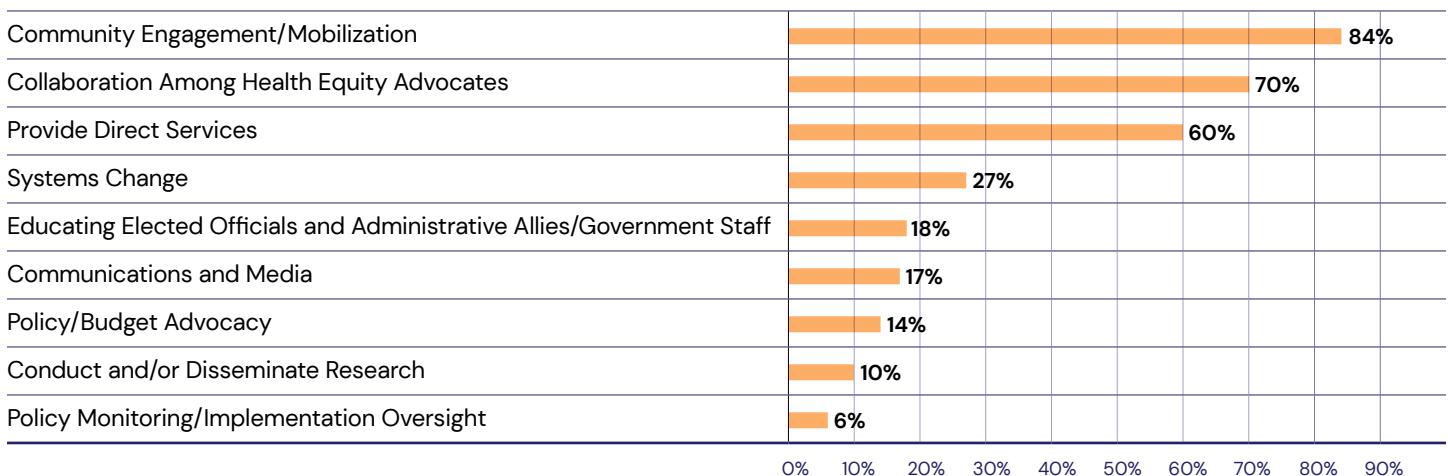
A total of 141 organizations received Organizational Participation Grants, with **over 100 organizations** annually receiving funds.

Of these organizations, a total of 107 completed the Organizational Participation Grant survey between February 1–March 13, 2024. 80% of the respondents are a 501(c)3 nonprofit, while 20% were a fiscally sponsored project of another nonprofit organization. These organizations serve communities of color, noting specifically Latino/a (40%), Asian Pacific Islander (24%), Black South Asian Middle Eastern North African (16%), Black (13%), and Native American/American Indian (10%). Nearly half (49%) serve persons with Limited English Proficiency (“LEP”), among other vulnerable populations as listed below.

Organizations provide services in all five Orange County districts, with the highest concentration of service in District 2 (Anaheim, Orange, Santa Ana). Ninety-one organizations (85%) provide services in this district, while 50% of organizations serve Districts 1 and 4; with District 5 receiving services from 40% of organizations and 36% serving District 3.

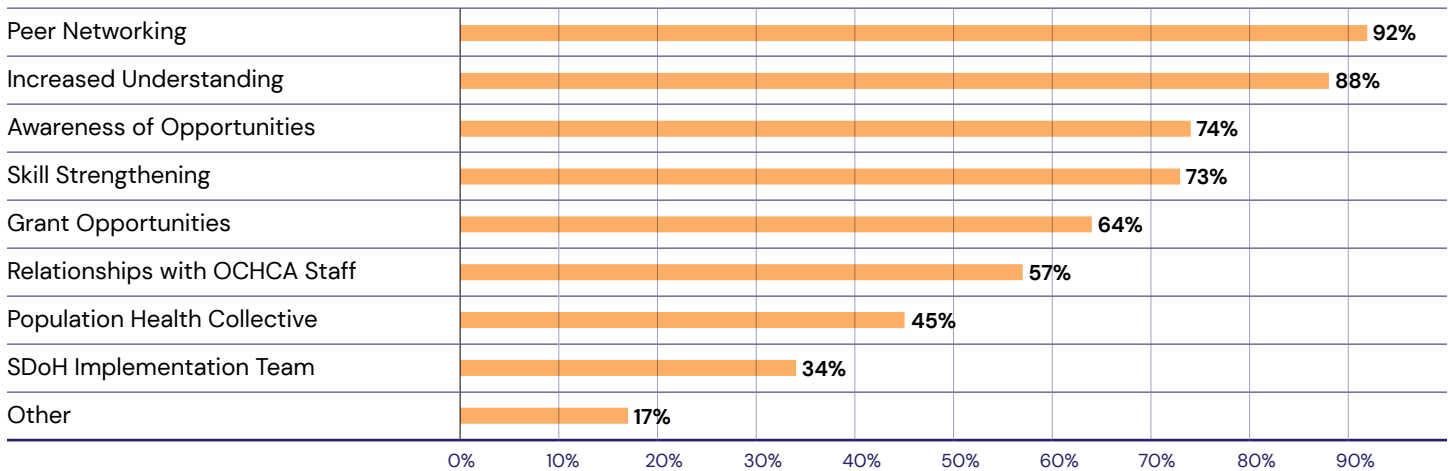
The organizations are grounded in the communities they serve, with 84% being women-led, 55% BIPOC-led, and 17% LGBTQ+-led. Just over 33% are volunteer led. Grantees identified their primary health equity activities with most engaging and mobilizing community members (84%), collaborating among health equity advocates (70%), and providing direct services to communities impacted by health inequities (60%).

### Key Health Equity Activities of Organizational Participation Grantees (n=107)



Organizations reported significant benefits from having received EiOC Organizational Participation funding.

### Reported Benefits of EiOC Participation (n=107)

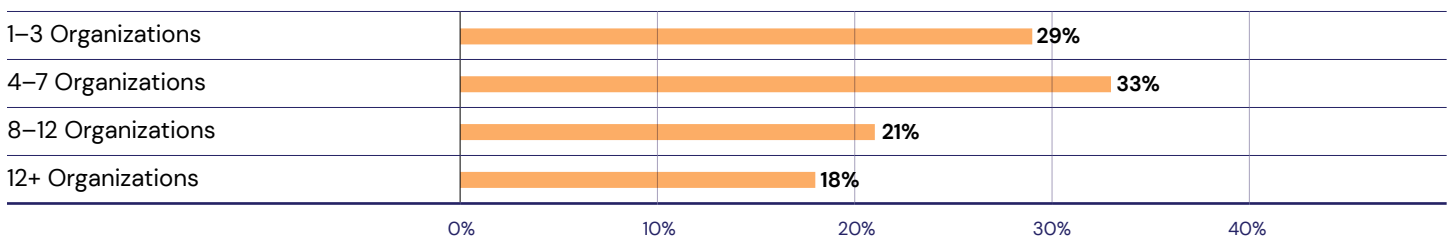


The most common benefit was the ability to network with like-minded organizations (“Peer Networking”), followed by increased understanding of the health equity field issues and topics (“Increased Understanding”) and increased awareness of opportunities, increased skills and increased access to OCHCA staff. A handful of organizations (17%) also shared other benefits, including having a voice at the table, improved programming, and increased motivation amongst staff to fight for health equity.

In terms of SDoH, **70% of these grantees stated that they work in Health & Healing**, which includes mental health and access to healthcare, while **51% reported working on Housing**. In addition, **73% of grantees reported that they conducted outreach and engagement with community residents to encourage participation** in various EiOC activities. Grantees participated in the following activities (including some “Other” activities listed in the survey responses)

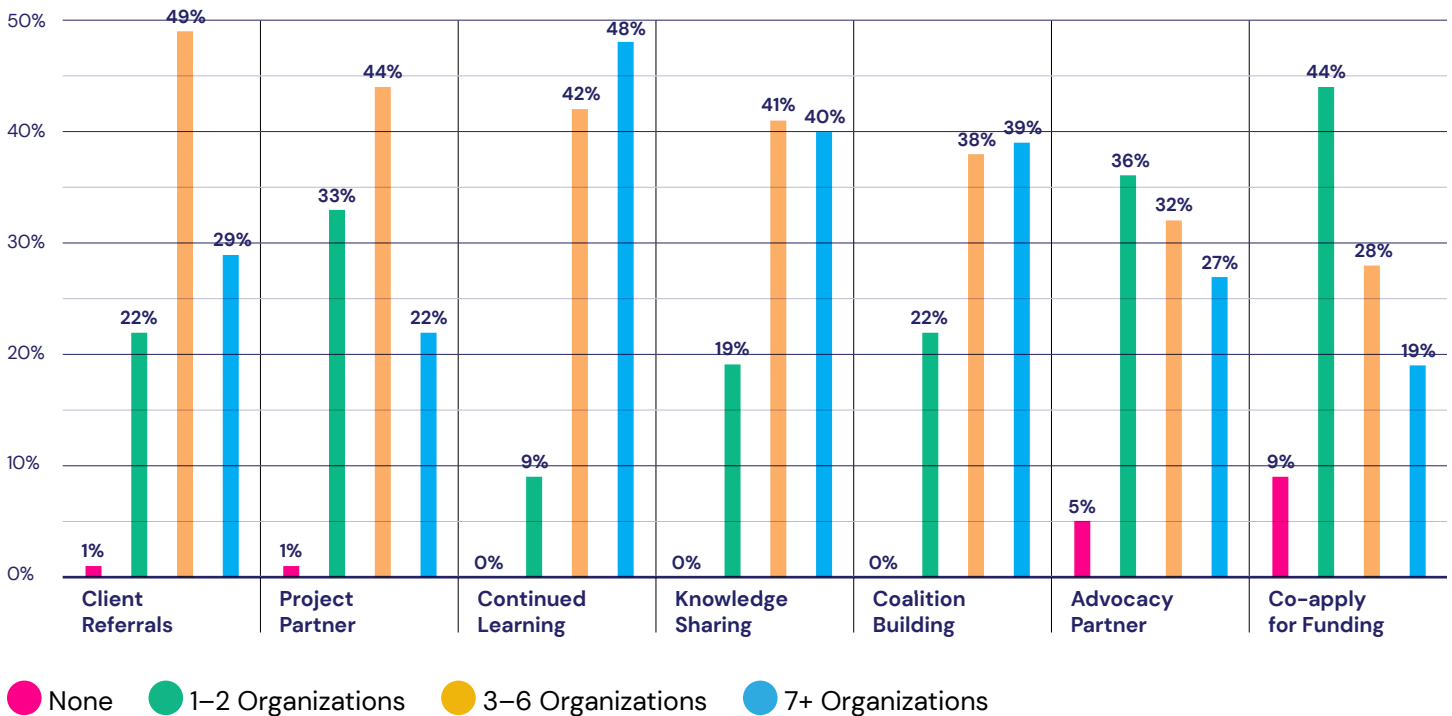
**Two thirds of organizations** (71 total) had been involved in the Orange County health equity space prior to receiving EiOC funding. Nonetheless, notably, **100% of EiOC Organizational Participation Grantees surveyed reported that they have made new connections with other organizations working in the Orange County health equity as part of this initiative.**

### New EiOC Relationships Formed



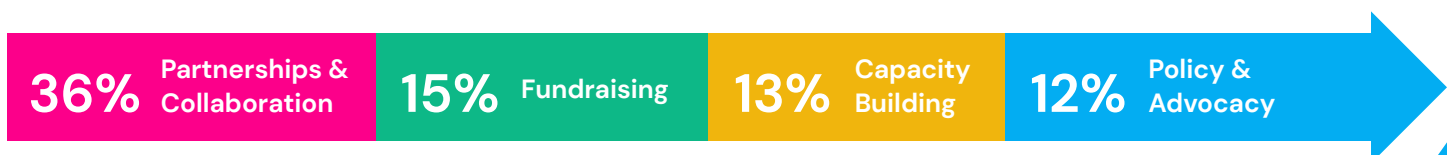
The survey also prompted organizations to reflect more on the depth of the connections made and **consider whether and how they would cultivate these relationships after the grant period concludes**. Most plan to continue relationships with at minimum 1–2 organizations via at least one of the activities (shown on the following page).

## Future Collaborative Activities



Grantees expressed that they plan to continue learning from the other organizations, sharing knowledge and best practices, and coalition building. In addition, they plan to cross-refer clients to other organizations, partner on advocacy efforts, and apply for funding together with others. Organizations were asked about their plans to sustain and continue health equity work after the conclusion of the grant period. From the open-ended responses, four prominent themes for how grantees plan to sustain the health equity field moving forward:

## How Grantees will Sustain the Health Equity Field in the Future

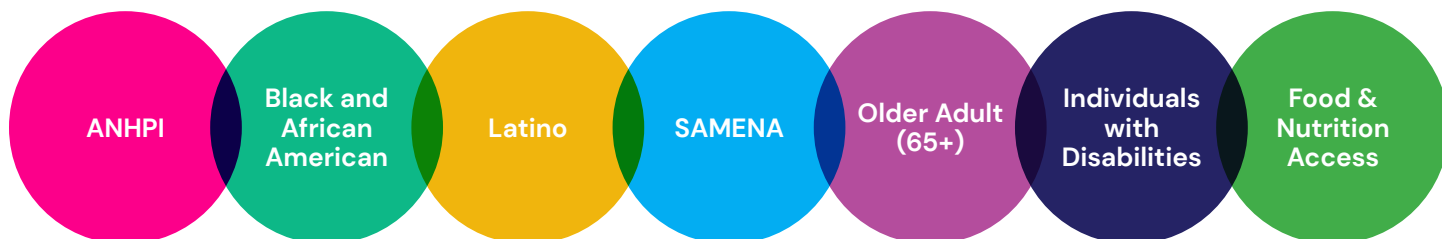


"We would love to continue networking and partnering with other organizations in the EiOC cohort, as we are better together and can make a more significant impact through collaboration." –Organization Participation Grantee

"This [funding] opportunity has helped us frame our work in a way that allows us to apply and leverage for more funding. We had never considered our work to be a health equity issue until we applied for this funding." –Organization Participation Grantee



## Population Health Equity Collectives



As of May 2024, there are over 155 unique partner organizations and 248 community residents engaged in Collective work, across eight (8) different Collectives.<sup>4</sup> The 8 PHCs each finalized a **Health Equity Plan (HEP)**, identifying strategies for how to best serve their communities in the upcoming years. They have begun to implement strategies that they identified. These Collectives have not only completed their plans but have done so in a way that meaningfully engages their community. During this grant period, the 7 Population-based Collectives have been convening across-populations to amplify their impact by sharing a common voice for systems and policy change in the three areas of impact they had identified:

### 01 Mental Health   02 Housing   03 Data Equity

The PHCs also made **substantial strides in their internal cohesion and Collaborative functioning**. As evidenced by the tables below, we can see how the Collectives were able to grow and strengthen their capacity over time, with 100% now having key elements of a strong Collaborative in place (governance structures, decision-making and priority-setting processes, mission, vision, roles and responsibilities, and communication). The Collectives all now report having sustainability plans and most have systems to integrate new members and manage conflicts. In addition, **the Collectives demonstrated that their members have made strides in information-sharing, advocating, increasing trust and power-sharing, as well as including individuals with lived experience** over time.

Please indicate your level of agreement/disagreement with the following statements about your Population Health Equity Collective. Our Collective...	Baseline June 2022 <sup>5</sup> (% of "Strongly Agree/Agree")	May 2024 (% "Strongly Agree/Agree")
Has a clear system and process to integrate new Collective members	29%	86%
Has clear processes to address and manage conflicts or tensions	43%	86%
Has a clear governance structure and processes	43%	100%
Has inclusive and transparent priority-setting/goal-setting processes	57%	100%
Has a plan for sustainability	57%	100%
Has clear member roles and responsibilities	57%	100%
Has a clear mission, vision, and strategic direction for health equity	57%	100%
Has clear communication processes among Collective members	71%	100%
Has clear and transparent decision-making processes	71%	100%

Please indicate your level of agreement/disagreement with the following statements about the Collective members.	Baseline % of all/majority of members	Year One % of all/majority of members	Year Two %
Inform one another of meetings they have with elected officials/staff	43%	67%	86%
Regularly advocate for investment and policies that help achieve health equity	43%	67%	71%
Communicate openly with one another	57%	83%	86%
Communicate effectively with the broader public	57%	67%	71%
Engage community members with lived experiences of health inequity	57%	67%	86%
Share power effectively with other Collective members	71%	83%	100%
Trust one another	71%	67%	86%

This type of growth in areas such as information sharing, advocacy, and communications are hallmarks of strong collaborative efforts. In addition to these improvements over time, the Collectives also **increased the diverse ways in which they engaged residents over time**. As the table below demonstrates, Collectives have hosted forums, leveraged expertise from community-based groups, used data on their communities, and also created data alongside their residents. Although they have found many ways to incorporate that data, not all Collectives include individuals with lived experience in their Collective meetings—which remains an area for further growth.

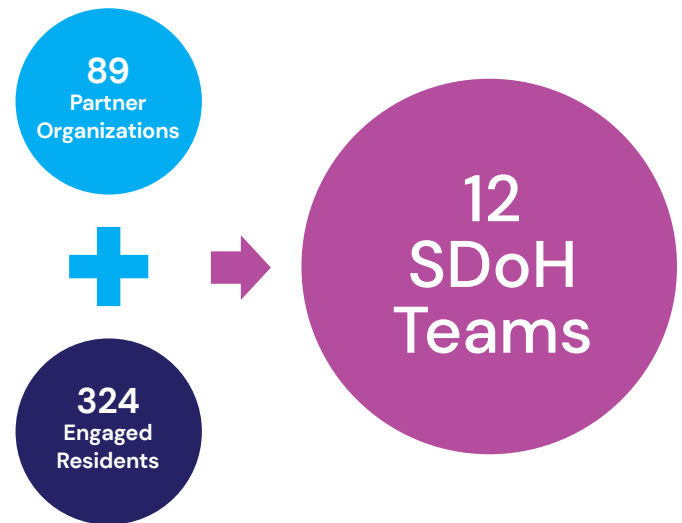
Has your Collective done any of the following to understand the needs of your community most impacted by health inequities?	Baseline (% Yes)	Year Two (% Yes)
Included individuals with lived experience of inequity in the Collective meetings	83%	86%
Hosted community forum/engagement events to hear from the community about their health needs	67%	86%
Leveraged expertise from grassroots organizations such as parent/youth councils, neighborhood groups, etc.	67%	86%
Used census or other data sets to inform your health equity work	67%	100%
Conducted research with community residents most impacted by health inequity	67%	100%
Included perspectives from individuals with lived experience of inequity in the health equity work	67%	100%

Several PHC grantees were able to **leverage the EiOC funding to secure additional monies**. This early attention to sustainability beyond the EiOC funding was a key activity across all Collaboratives. All Population HEPs are available online (as well as a 2-page summary of each) and can be found at the website: [equityinoc.com](https://equityinoc.com). These provide the overviews of the types of systems and policy changes grantees have been pursuing

## SDOH Implementation Teams

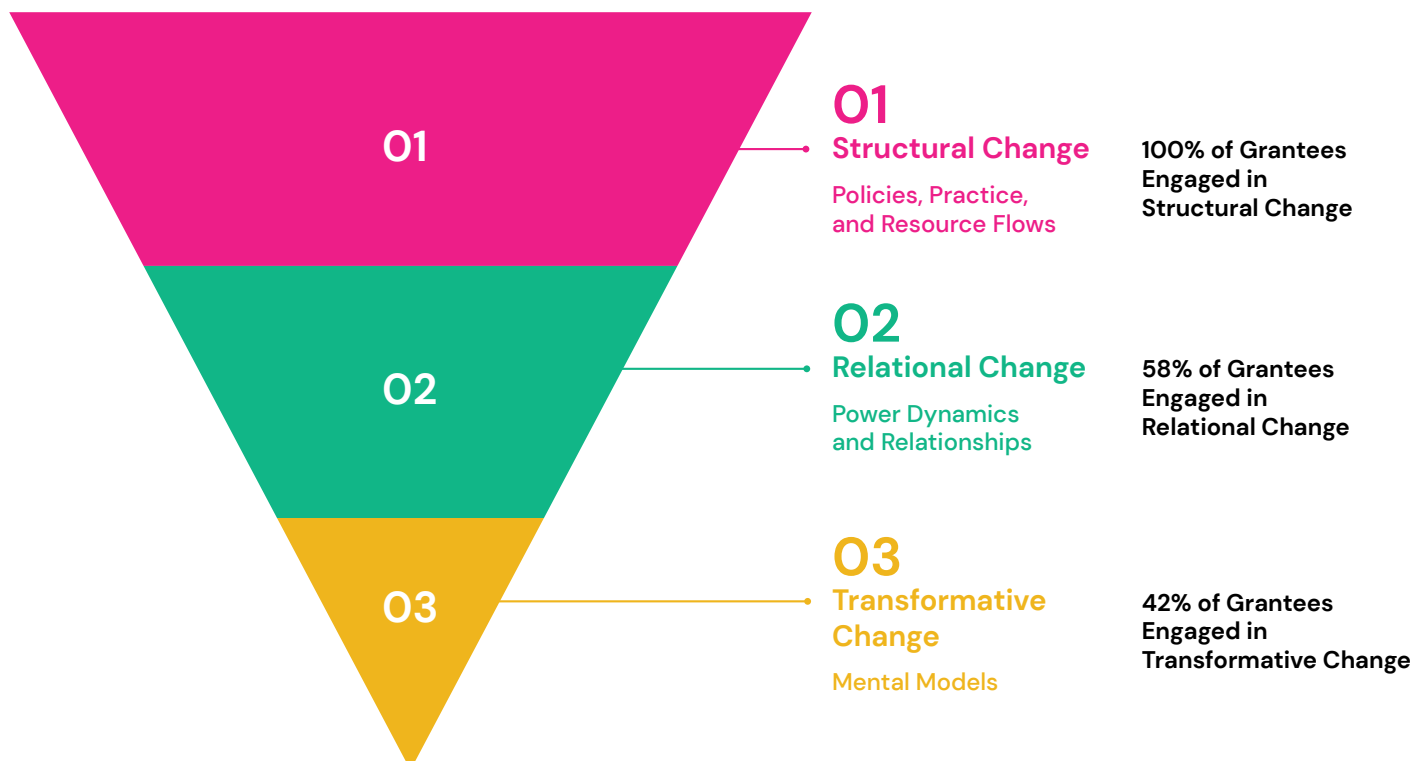
SDOH Grantee Implementation Teams engaged 89 total partner organizations and 324 regularly engaged community partners with lived experience. In addition, they reported reaching an additional 500+ residents through surveys, town halls, and forums in the community.

The SDoH fund was the largest EiOC funding stream (totaling \$6M), and was explicitly focused on systems and policy change, using the lens of FSG's Conditions of Systems Change<sup>6</sup> (figure below). We explored these six interdependent conditions that underlie systems change, evidenced throughout the 12 SDoH Grantee projects.



From this analysis, we found that **100% of SDoH Grantees advanced structural change**, the most explicit, or “clear-cut” conditions. Grantees did this by targeting health practices (100%), policies (42%), and resource flows (25%). **All grantees engaged in some level of relational changes** with over half (58%) focusing on building relationships and new connections, and shifting the power dynamics in their particular area of focus. Additionally, **42% of grantees specifically targeted the mental models** through changing the narrative way certain actors view the issue and its solutions. Together, these changes in relationships and mental models help to anchor and support any structural changes.

## Six Conditions of Systems Change



We see the various ways that these projects **not only targeted policies and practices, but worked to alter the underlying relational dynamics and narratives** that inform various parts of our social, educational, and health systems. The SDoH projects impacted the systems and policies surrounding housing, mental health, supportive health services and access, as well as healthcare systems improvements. Some highlights include:

- Implementation of an “Alternative to Suspension” approach for high school students, shifting the model to focus on counseling rather than suspension and shifting mental models regarding the stigmas related to mental health issues.
- Reducing institutional friction within hospital systems to permit increased doula access to their clients; shifting the narrative of the importance and functions of doulas within healthcare settings.
- Capacity building activities to allow residents to gain knowledge of housing resources and processes to help their communities to better navigate housing issues; working to ensure key housing policies that already are in place are actually implemented with fidelity.
- Empowering parents and youth to be more involved in decision-making their school sites, broadening the base of voices responsible for directing community school resources and making schools into places that truly foster relationships between school staff and the broader community.

**Overall, the SDoH grantees were engaged in systems change in two distinct topic areas: *Housing is Health* and *Health & Healing*. Below are highlights from each of the 12 SDoH projects:**

#### TOPIC 1

## Housing as Health Grantee Highlights and Successes

### Addressing Housing Disparities in South OC

Established a foundation for coordinated resident and organization engagement in advocacy through creation of a sustainable South OC for All Collaborative. In addition, the team implemented case management and the Social Services Access Prevention pilot aimed at preventing displacement and reducing housing costs burden for residents. Residents organized on their own behalf to participate in the leadership of their HOA in response to issues they faced. In addition, this project has brought with it access to previously unavailable data that reflects the needs of the San Juan Capistrano community and can be used for future awareness-raising work.

### AANHPI Community Capacity for Housing

Created a robust capacity building and advocacy effort to educate individuals and policymakers about the need for more housing resources and expanded housing navigation services for the AANHPI community. In addition, the Advocacy Institute and Community Action Team will sustain the work beyond this funding to address housing equity; this platform fosters community engagement, dialogue, and collective action to address the housing crisis facing the AANHPI community. The group has increased awareness on housing policy and systems needs.

### Eagleman Housing Project

Educational and cultural events increased awareness of the needs of the Native American/American Indian (NAAI) communities in Orange County. In addition, the group was able to secure a systemic

change—a seat for the NAAI community on the Continuum of Care Board in Orange County. Over 100 individuals were provided resources and education and over 50 were assisted with housing or had their housing maintained during this time. The Advisory Committee created was able to educate and advocate at various levels of government on the housing needs facing their community.

### **OC Affordable Housing Production Initiative**

This project was able to educate several nonprofit partners on the intricacies of housing policy and development while also increasing the capacity of community residents to engage in the housing affordability work. The creation of a toolkit partners and housing advocates was an element of sustainability for the impact to last beyond the grant period. These housing advocates that were trained are now able to educate and train others in housing affordability issues moving forward.

### **OC Housing Stability is Health Partnership**

Capacity building with the 12-member Resident Committee in Santa Ana and Anaheim took place during the project and allowed residents the space for co-developing the workshop materials and not only developing skills in leadership but also in topics such as housing and renters rights. These resident leaders are now charged with strengthening their communities through supporting and training other residents and advocating for change. The resident leaders and partner organizations have been engaged in identifying housing policy priorities and advocating for full implementation of several Housing Elements, Tenant Protection Ordinances, and other affordable housing policies.

## **TOPIC 2**

## **Health & Healing Grantee Highlights & Successes**

### **Advocacy for People with Disabilities**

Parents and CBO partners have engaged in many levels of advocacy for improved services, including mental health for the disability community. In addition, the project organizations have begun to collect data regarding barriers to service and make it available to the parent-advocates. Parents were provided with case management support from the CBOs as needed during the process as well, while continually focused on the policy agenda that was developed and was the focus of the work.

### **Anaheim Education & Health Intersections Initiative**

Expanded the Grassroots Committee to include parent and student representation at each of 13 Community School sites in Anaheim to ensure their voices are included in the decision-making and processes for implementing Community Schools model. These parents and students are both participating in formal leadership roles in the Community School structures in the various sites, ensuring that the individuals with lived experience are weighing in on policy and funding decisions that impact their students and their families.

### **Birth Initiative for Reproductive Rights, Transforming, and Healing (BIRRTH) Women of Color**

Created a model for the provision of doula services to low-income BIPOC individuals in response to the shift in Medi-Cal doula reimbursement policy. This project focused on delivering birth worker, or doula, services to populations historically marginalized by our health systems. This relied on increasing

awareness and working toward shifting the narrative among healthcare providers who often were resistant to doulas and did not have processes in place for their inclusion in the delivery room.

### **Information Referral Services – GetHelpOC™**

Included agency and community feedback into GetHelpOC system improvements that made it more equitable, easy to use, and increased client connections for successful outcomes. Community voice directly informed improvements that transformed the care coordination and service connection. In addition, the Trusted Leaders Network was able to train a cohort of residents that could connect their friends and neighbors to GetHelpOC™. The equity partner organizations in the project have also all committed to using GetHelpOC™ for closed-loop referrals and client care management.

### **Organizational Health Literacy as a Path to Health Equity**

A core team of health literacy specialists was created at three large public agencies and a non-profit organization managing multi-site Federally Qualified Health Centers; the organizations now all have tools for sustainability including videos on awareness of the barriers created by inattention to health literacy, training resources on the use of health literacy principles, and a Health Literacy Solutions Center website with resources. These systems and policy changes are being led by these health literacy experts in each healthcare setting; in addition, the communications teams of the SSA, OCHCA, and CalOptima have all been trained in health literacy principles.

### **Wellness on Wheels – Mobile Health & Social Care**

The project focused on a large health system, CHOC, shifting to participate in and focus on the community, integrating the voices of individuals with lived experience into the work in an unprecedented way. CHOC's Population Health Division began to strategize how to involve the patients and families they serve through a community-responsive approach. With this shift, they were able to expand to multiple sites with the Wellness on Wheels visits, while increasing the number of completed intake forms completed at each site. This cultural shift for CHOC was a welcome example of how intentionality and the right partners and supports can truly work to shift the way a large organization works—incorporating feedback from families most impacted by their programming.

### **WellSpaces: A Catalyst for Equitable Access for Students**

The combination of group and individual-level therapy for students, alongside the creation of Student Advisory Councils to strengthen student voices in mental health services decision-making and awareness on campus set the stage for strengthening student mental health and coping skills across the implementation sites. In addition, strong collaborative partnerships between schools and service providers led to districts and schools adopting a new referral systems and policies, including the Alternative to Suspension (ATS) program which elevates care over punishment, leading to the long-term wellbeing of students.

In addition to shifting systems with the allotted funding, another key component of the SDoH funding was the intentional engagement of individuals with lived experience in the work. As noted above, 324 residents were consistently, meaningfully engaged in the work across the 12 grantee projects, with hundreds more touched through surveys, town halls and other trainings. Grantees engaged communities in a variety of ways, ranging from the **creation of resident leader committees** that informed and co-designed the initiative while also training their fellow community residents on key topics, to providing **community-wide trainings**, conferences, and workshops to inform a broader base of residents on issues impacting them and how they can best advocate for themselves and their families' needs. Several grantees created small **cohorts of highly-trained residents who implemented the work**, such as GetHelpOC's Trusted Leaders Network that linked community members to direct services, to the trained Tenant Counselors who could inform and support their community with housing advocacy support, and navigation and Student Advisory Committee members who are engaging in peer-to-peer education on mental health and stress management on school campuses.

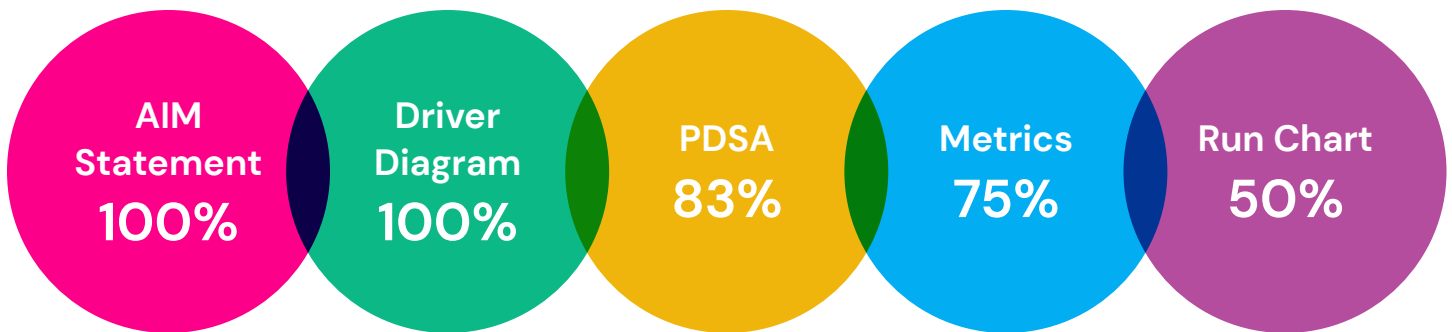
**Some grantees leveraged their individuals with lived experience to truly co-design programmatic elements**, using their lived experience expertise to inform key aspects of the work. IHA was able to gather stories of individuals' lived experience of health literacy and share those with healthcare partners to help them understand how critical health literacy is to care, and that a lack of it can cause harm. Their resident advisors also helped the IHA team make improvements to the design and copy elements of health literacy materials. Parents engaged in the Wellness on Wheels project were able to provide their expertise in testing out intake forms and informing educational programming as well. In addition, Black birthing women and doulas participated in focus groups with the BIRTH staff to shape the program design, and there were nearly three dozen families continuously engaged in the Advocacy for People with Disabilities work that met weekly to reflect on data, share stories and engage in driving the advocacy agenda for the project. These dynamic resident engagement tactics are all ways that true lived experience was leveraged to guide and inform these SDOH projects.

## SDoH Resident Engagement Method Highlights:

- Leadership development trainings
- Advocacy Institutes for training residents
- Student Advisory Councils
- Resident-led workshops and listening sessions
- Resident focus groups to inform program design
- Community Advisory Boards
- Trained community advocates supporting families
- Tenant Counselors from the community advise peers about housing policy
- Community Action Teams advocate for policy and systems changes
- Resident inclusion in program co-design



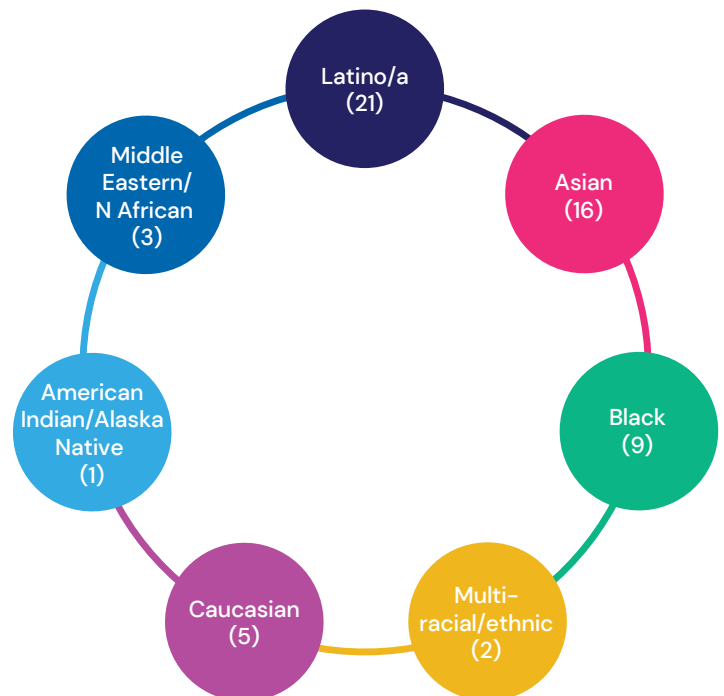
The 12 funded SDoH Implementation Teams worked closely with IHI to assess their improvements over time. They used the Community Transformation Map to identify areas of growth across various spectrums needed for successful project implementation. From May 2023 – April 2024, they found that the largest areas of growth for the Teams were in the areas of sustainability planning, sharing power, and using equity data. Teams also increased their communications skills and understanding of systems. In addition, SDoH grantees were trained in several IHI quality improvement tools over the duration of the grant. The majority of the 12 grantees were able to implement these tools.



## Community Member Engagement

**49 diverse community residents** were engaged in EiOC work and chose to be compensated through personal service contracts, representing ethnically and socially diverse communities. These residents have lived experiences of poverty, are impacted by various SDoH, and are members of several sub-populations that face health disparities. These residents identify as members of the following groups: non-English speakers (19), individuals affected by poverty (18), individuals experiencing under-employment (12), older adults (12), individuals from mixed-immigration status households (10), mental health and recovery (9), individuals with disabilities (8), unhoused (6), religious minorities (6), youth (4), LGBTQ+ (4), gender minorities (3), and veterans (3).

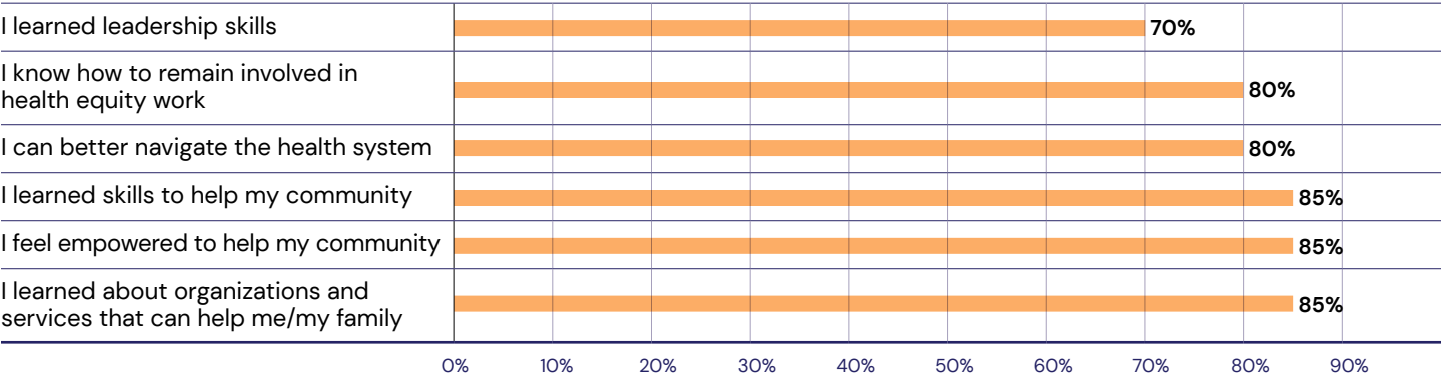
These resilient, engaged residents have participated in EiOC meetings, convenings, and trainings that supported the work of EiOC funded grantee projects and teams. **The engagement by residents more than doubled from what was reported in 2022;** evidence of increasing community power as a result of this work.





In May 2024, 20 community residents completed a survey on how EIOC participation has benefitted them. Most respondents increased their awareness of services, acquired new skills, and felt empowered to help their communities as a result of their engagement.

Community Member Reported Benefits of EiOC Participation

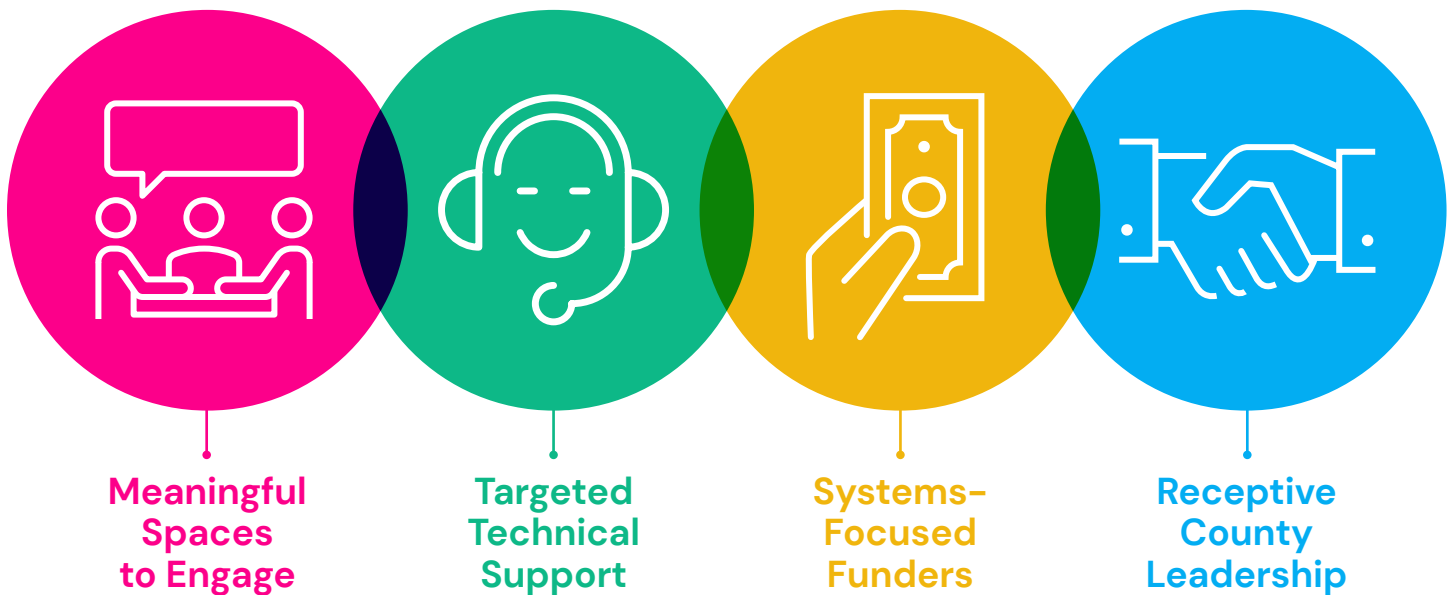


Community residents also took the opportunity to share more about their experiences in an open-ended survey question. The two response below emphasize the connection, learning, and empowerment that resulted from participating in EiOC.

“I felt seen, heard, and understood by a community that doesn’t normally offer that level of connection. Participating in Equity in OC benefited me because I was able to see other people’s perspectives that I normally would not have access to, as well as offer my own perspective for others to consider. It really helped with my ability to navigate and advocate for myself in a healthcare setting as well as for my family members.” –Community Member

## WHAT DID WE LEARN FROM EQUITY IN OC?

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



**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, influencing 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 must 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.

# 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

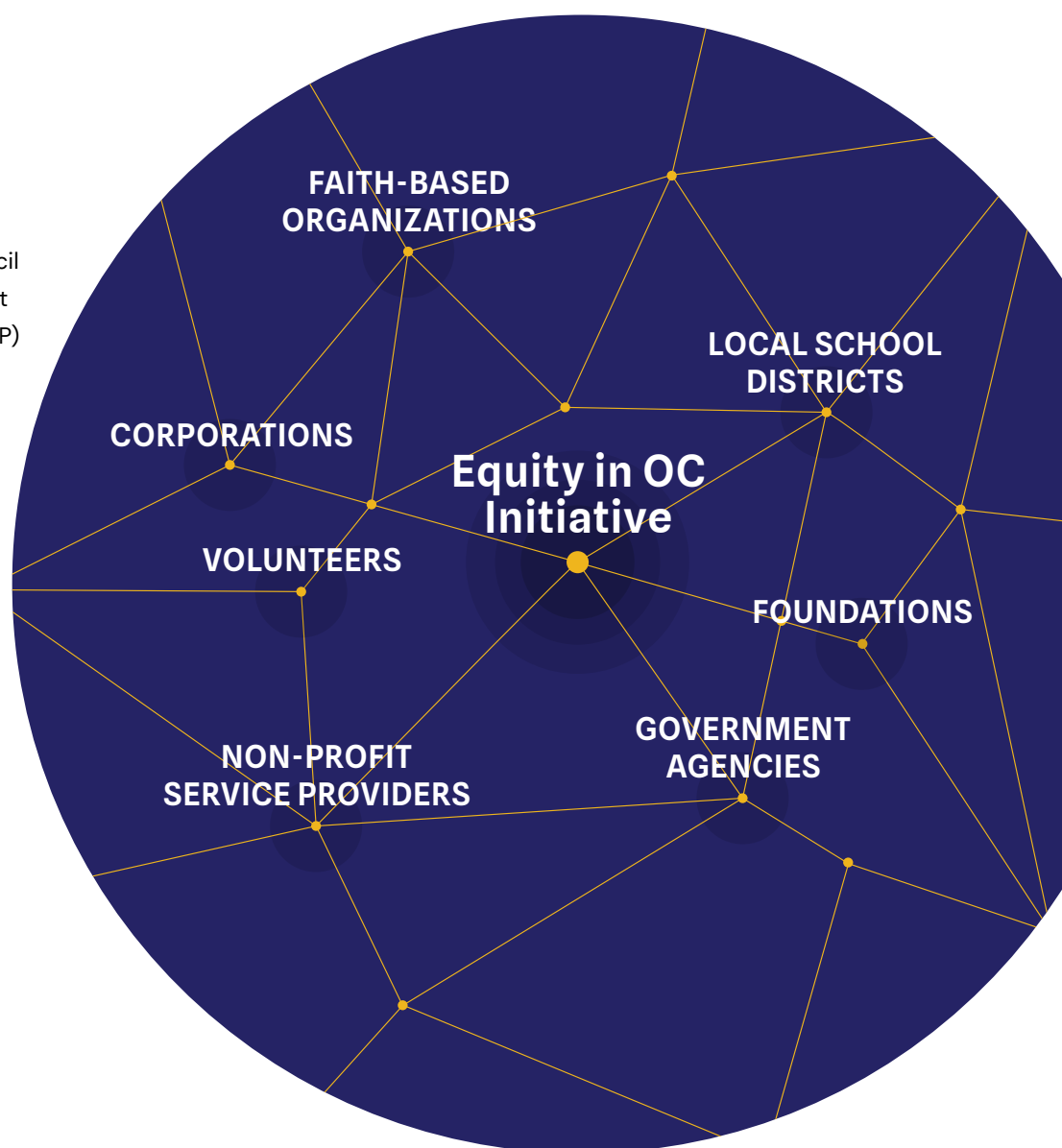
### Community Organizations

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



<sup>1</sup> These numbers are from the Equity in OC website, [www.equityinoc.org](http://www.equityinoc.org), based on the organizations and individuals who have filled in a Member Profile document expressing their interest in engaging in EiOC as well as from the various grantee reports.

<sup>2</sup> This data is cumulative, combining reports of services provided semi-annually to United Way. This data is reflective of clients served in the Orange County community between February 2022–May 2024 and may not always be unduplicated, as an individual may have attended multiple outreach events during different time periods.

<sup>3</sup> Year two of the Power Building grantmaking was funded by the ARPA monies received through the Orange County Board of Supervisors.

<sup>4</sup> As each PHC reported their numbers individually, there may be duplication, as an organization may participate in more than one Collective.

<sup>5</sup> Baseline surveys for the API, African American, Latinx, LGBTQ+, Older Adult and Disabilities Collectives were conducted in June 2022; the SAMENA Collective baseline was completed in October 2023, as it was not included in the initial year of PHC funding.

<sup>6</sup> For more information on this model for systems change, please see FSG's "The Water of Systems Change" (2018) for more information on the six conditions of change and how they are intertwined.

Report prepared by Ersoylu Consulting on behalf of  
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