

Together Toward Health

Final Evaluation Brief | April 2022

Background

Together Toward Health (TTH) is a statewide initiative that supports over 500 community-based organizations (CBOs) who work on reducing the spread of COVID-19 by strengthening COVID-19 education, testing, and vaccination access across California's most impacted communities. TTH is guided by a principle of equity to support under-resourced communities through culturally and linguistically appropriate education, awareness, and outreach. The initiative's commitment to ensuring the broad cultural and socio-demographic diversity of California is reflected in the community-based partners that represent and have experience engaging Black, Indigenous, People of Color, LGBTQ+, older adults, youth, low income communities, people with disabilities, people with limited access to healthcare including those underinsured or uninsured, and essential workers of historically marginalized groups.

Additionally, the initiative focuses on facilitating new workforce development and professional development opportunities for Californians most impacted by the economic downturn during the pandemic. With this focus, TTH facilitates the training and creation of job opportunities for community members in order to mitigate job losses while also bolstering community resilience and public health workforce resources.



TTH is a program of the Public Health Institute (PHI) and funded by over 20 philanthropic organizations. The TTH team implements this program by providing technical assistance, support, and professional development opportunities to funded community-based organizations.

Since its development in 2020, 32.8 million funds have been disbursed via 251 awards to 540 community-based organizations including churches, health centers, community centers, coalitions and others. Funded organizations range from recently formed grassroots organizations to well established community-based organizations.

TTH engaged [Harder+Company Community Research](#) and [Ross Strategic](#) at the onset of the initiative to evaluate the impact of the Together Toward Health initiative. The evaluation used a mixed methods approach, incorporating quantitative data and narrative stories, to summarize TTH-funded activities, explore the implementation of the TTH model, and identify community-level impact of TTH funding on addressing challenges of the COVID-19 pandemic. Methods include analysis of reports from funded community-based organizations, as well as focus groups and interviews with CBO partners, TTH funders and staff, and local health department representatives.

This evaluation brief outlines key findings from the work accomplished by the TTH initiative between December 2020 and January 2022. This brief is intended for a wide audience and focuses on elements related to the TTH model, partnerships, centering equity, TTH's role as a coordinating body, and initial recommendations to inform ongoing efforts. Data from CBO reports and other sources are presented as broad percentages; a follow-up data addendum will provide additional details regarding these data. Additional briefs will further explore the themes discussed here and delve into additional topics such as successes related to workforce development efforts and implications for future public health efforts.

TTH Model Core Components

The TTH model is built on strong multi-funder collaboration, pooled philanthropic funding, flexible funding for grantee partners, and robust administrative and technical support by PHI. More specifically, these core components work as follows:



Multi-funder collaboration. Many diverse funders with intersecting interests came together to create and guide the TTH initiative to maximize collective impact.



Pooled funding. Funders pooled investments for the TTH initiative into a fund administered by PHI.



Flexible funding. Partners funded by TTH defined how they would use funds to address critical community needs related to COVID-19 in community-appropriate ways. TTH partners had the flexibility to adjust scopes of work, planned activities, and approaches over time.



Administrative and technical support provided by PHI and TTH. TTH regularly engaged funders in a variety of ways about the ongoing implementation and impact of TTH and provided responsive direct and peer-to-peer support to community-based organizations funded by the initiative.

"We could make these investments by ourselves... or [through TTH] **we could be part of something larger that is a coordinated and cohesive effort**, that is still steeped in the values and the goals that we have as an individual philanthropy but allows us to be part of a greater effort."

- Funder

"One of the benefits of PHI putting the funds out as opposed to the funders [working] directly with the CBOs was that it was being **filtered through an agency or an organization... whose roots are in public health** [and] whose guiding principles are health equity."

- Local Health Department

TTH started with a strong, shared vision amongst funders who collaborated throughout implementation and helped guide the initiative throughout the changing pandemic. Funders came together in 2020 with a shared priority to help California interrupt and reduce the community spread of COVID-19. Funders were attracted to TTH for various reasons. Some funders were already supporting health-focused efforts while others typically invested in other areas and were interested in the opportunity to support community-based work, equity, and economic development. PHI helped align wide ranging funder interests by keeping the work focused on a shared vision, purpose, and public health principles. While initially the group spent time crafting a memorandum of understanding to more formally define governance, oversight, and roles of funding administration, the funders ultimately decided a formal agreement was not necessary given their desire to expedite the process of moving funds to communities and respond rapidly to the pandemic. Several funders reported learning a great deal from the TTH effort, including from each other through their collaborative work.

TTH's funding model pooled dollars from multiple funders to align strategies and approaches of community-based health organizations and local health departments in the statewide COVID-19 response. Pooled funding allowed funders to efficiently resource community-based health work at a scale needed to meet the challenge of COVID-19. At this larger scale, funders were able to do more together than separately. Although carrying out an initiative with pooled funding was administratively complex, PHI's infrastructure allowed TTH to manage and coordinate the distribution of the funds in a timely and responsive manner.



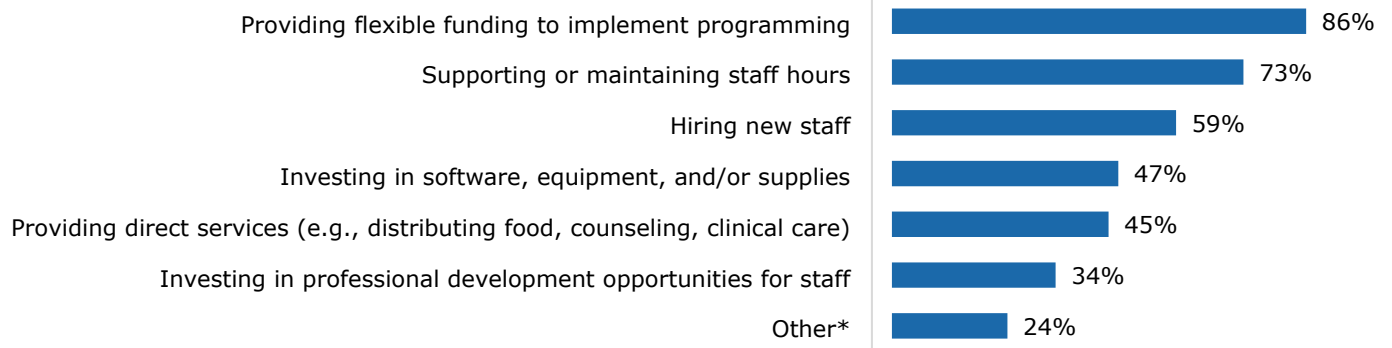
A flexible grantmaking model enabled community-based organizations to carry out the COVID-19 activities most needed in their communities and allowed these organizations to adapt as pandemic circumstances evolved and new challenges surfaced.

Funded organizations defined how they would use funds provided through TTH within an allowable framework as opposed to responding to funders' requests to provide specific activities or services. The model viewed community-based organizations as experts on which COVID-19 activities and approaches were most relevant and appropriate for their communities. TTH also minimized the administrative burden on grantees, which allowed CBOs to focus on fighting the pandemic in their communities rather than allocating precious time and resources to regularly track and enter data or fulfill onerous reporting requirements.

"This Together Toward Health Initiative has really demonstrated that it can be done. You can create a statewide network working on a shared common goal, and within that network, you can have targeted services or supports or whatever it is to get the work done... **They have directly demonstrated in the state of California that funders and donors and institutes can fund differently.** They don't have to keep funding the way they've always funded." - CBO

To carry out their COVID-19 response in impacted communities, a majority of funded partners used the flexible funding to implement programming that met community's immediate needs (86%), to support or maintain staff hours (73%), and to hire new staff (59%).

Examples of how TTH flexible funds were utilized*



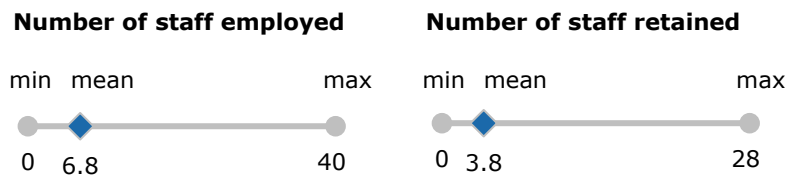
*Percentages are not mutually exclusive

**Other activities include providing subawards, supplying PPE, providing incentives for volunteers, and vaccination registration/uptake.



Flexible funding allowed CBOs to employ people directly from the community to do the work. TTH funded partners shared that another benefit of flexible funding was that their grant supported hiring and maintaining staff positions. Specifically, 91% of funded partners reported* they were able to employ at least one staff member using TTH funds; organizations were able to fill, on average, 6.8 new staff positions. Additionally, 90% of organizations reported that their TTH funding allowed them to retain at least one staff member. Community-based organizations reported being able to retain an average of 3.2 positions. These positions were often people from the community to work directly in community (e.g., promotoras). This employment helps build long-term capacity to address future community health concerns.

**out of 153 funded CBOs reporting*



- 60%** of organizations hired **temporary positions**
- 41%** of organizations hired **permanent positions**
- 59%** of organizations hired **full- or part-time positions**



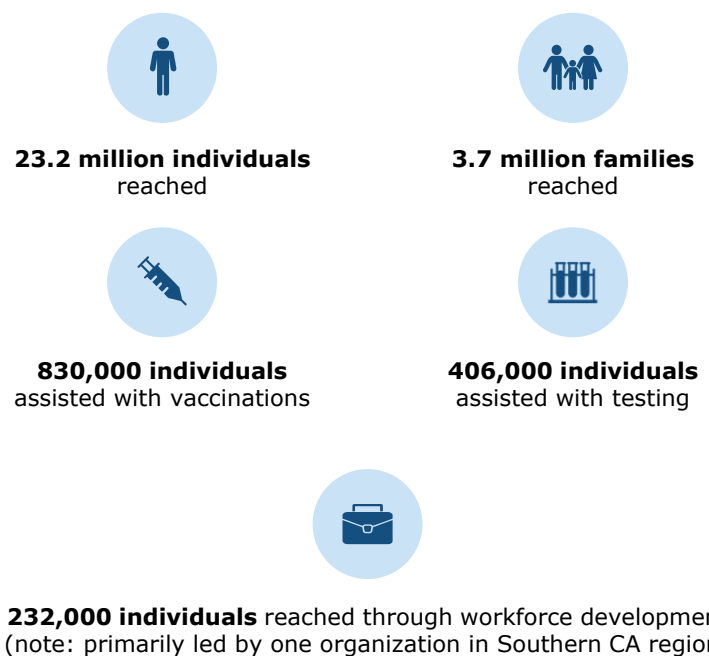
"[I appreciate] the flexibility that Together Toward Health has given us to do our activities because you'd have to pivot at certain points. Our initial work was on outreach and education about health and safety, COVID measures that needed to be taken. And then, once vaccinations were rolling out, we were able to pivot right away into that to be able to support that, which was great. " – CBO

The flexibility of TTH funding also allowed CBOs to remain nimble and pivot their approach as the pandemic shifted over time. For example, CBOs who initially started out providing contact tracing and personal protective equipment (PPE) distribution were able to quickly pivot to focusing on vaccination information and assistance without having to first obtain administrative clearance from TTH.

As of March 2022, TTH funding facilitated partners' ability to effectively reach 23.2 million individuals and 3.7 million families. To respond to the various surges and milestones, TTH funded partners assisted 830,000 individuals with obtaining their COVID-19 vaccine, helped 406,000 individuals obtain a COVID-19 test, and reached 232,000 individuals through workforce development. Nearly all funded organizations (99%)* reported that the COVID vaccine was a main topic of their community outreach/ engagement activities, demonstrating the important role CBOs played in promoting vaccine uptake and awareness.

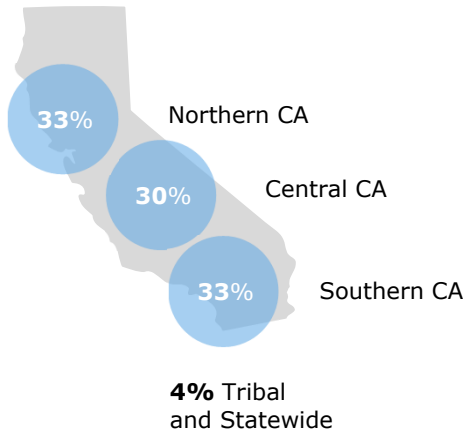
**out of 179 funded CBOs reporting*

In total across all organizations who reported:



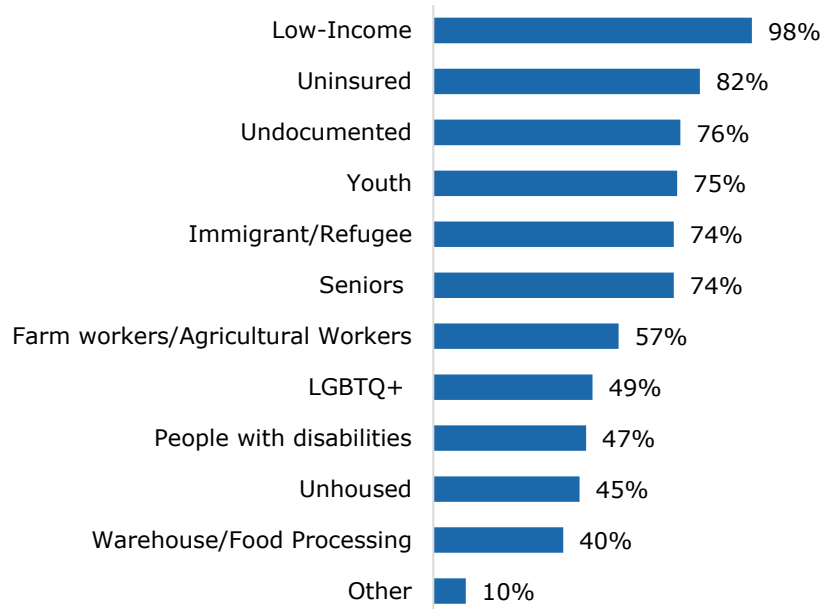
The TTH funding approach rapidly put dollars to use in diverse communities distributed across the state. One key aspect of the TTH model is that organizations received a portion of funds immediately at the point of award instead of having to wait to be reimbursed after services were provided and reports submitted. CBOs described the value of having funds rapidly available up front because it gave them critical resources to do their work. Across the state, CBOs were able to reach diverse groups and populations of high need.

Regional distribution of TTH partners*

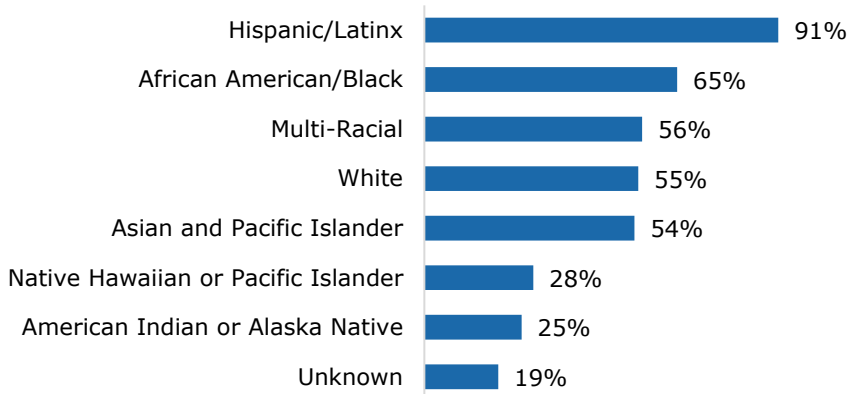


*percentages are representative of reports received as of 1/31/2022

CBOs reported **serving populations of high need** including:



CBOs reported **serving diverse groups**



PHI's Role as a Coordinating Body

Public Health Institute (PHI) served as the anchor organization for Together Toward Health (TTH), providing the administrative, relational, and grantmaking infrastructure that contributed to the success of the initiative. TTH staff, funders, local health departments, and community-based organizations pointed to several aspects of PHI's infrastructure that they believe to be critical for effective program implementation.



"[Thanks to the TTH initiative,] we were really able to put the funds into the community in a way that was **data-driven but also really grassroots.**"

– Local Health Department

PHI's previous work with underserved communities, extensive partner connections, and ongoing statewide COVID-19 efforts put them in a pivotal position to launch and direct TTH. Funded community-based organizations and local health department partners viewed PHI as a trusted partner that could strategically design and coordinate TTH activities for maximum impact. Additionally, TTH staff leveraged their existing connections to local LHDs and CBOs to accelerate the work. TTH program staff reported that another factor contributing to their ability to lead this complex work was their low staff turnover, which allowed them to sustain the relationships and rapidly evolving programmatic knowledge needed to carry out the work. TTH's clear and consistent communication with funders and funded partners also helped to build and maintain trust.

PHI leveraged its organizational infrastructure and capacity to quickly move funds from funders to communities and shouldered the administrative burden of a pooled funding model. PHI is experienced with meeting complex grant requirements and was able work with TTH staff to design administrative processes that facilitated rapid grant disbursement to funded partners. TTH staff significantly reduced reporting requirements for funded partners, allowing them to quickly apply funds during a time of urgency. TTH staff provided funded partners with ongoing technical assistance and guidance on how they might use funding to address emerging issues and how to share their successes in progress reports. TTH was also able to tap into other programs at PHI to bring mental health training, professional development opportunities, and other resources to funded partners while avoiding a time-consuming external procurement process.

"It was great to have **PHI as an anchor agency pulling everyone together with a clear goal but giving CBOs the space to do what they needed to do.**" – CBO



As a non-profit and non-governmental entity, PHI played to its strengths as a neutral coordinating body. PHI's established credibility and reputational capital facilitated successful navigation of differences in funder views, agendas, and dynamics inherent in the grantmaking process. Contributing groups who understood that PHI was an anchor for TTH shared that this influenced their perception of TTH as a neutral player. Partners shared that the TTH team had good instincts around power dynamics and how to manage them in service of transparency, partnership, and relationship building.



"I like the fact that **they trust us a lot** and that we know-- that they know we know what it is our community needs."

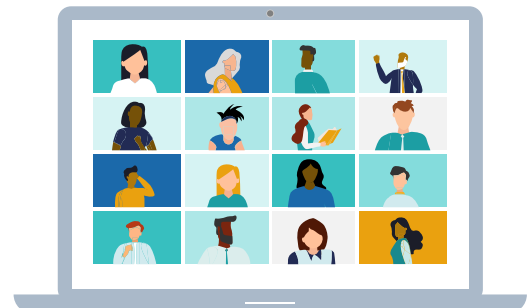
- CBO

CBOs appreciated that PHI's administration of TTH gave them the freedom to design localized interventions. Many CBOs reported that TTH never prescribed what needed to be done, and at the same time offered a range of technical assistance and advice in support of CBOs' goals and needs. Grantees also said TTH's communication was collaboration-oriented, encouraging participation, and informative to all stakeholders.

TTH staff coordinated information and resource-sharing throughout the initiative. TTH shared resources and encouraged information exchange in a variety of ways. TTH staff initiated preliminary calls with local health departments (LHD) at the beginning of the initiative to learn about local CBOs that could be a part of TTH. TTH Regional Managers organized and facilitated kick off calls to begin the working relationships in each county as well as hosted regional office hours, where the LHD and CBOs in a particular county met to coordinate interventions and exchange information. TTH convened learning communities for CBOs across the state to share progress, challenges, and key lessons. Frequently held office hours, also known as *funder teas*, served as venues for informal TTH updates, CBO spotlights, and discussion among funders. TTH also offered funded partners professional development and training opportunities in topics such as grant writing and evaluation. To date, TTH has conducted:

- 34 Kick off calls with local health departments
- 104 Regional office hours
- 31 Learning communities
- 15 Funder teas
- 130 Professional development & other training opportunities




"With so many downsides to the pandemic **[working with PHI] was a bright spot.**" – CBO



TTH Partnerships

Funders, local health departments, PHI, and CBOs all described the importance of partnerships in the TTH initiative. From the outset, existing partnerships among all groups were instrumental to ensuring that CBOs across the entire state were identified and invited to join in as TTH partners. TTH formed partnerships with several government agencies to ensure opportunities for coordination and leveraging are not missed. The California Department of Public Health (CDPH), Labor & Workforce Development Agency (LWDA), California Department of Social Services (CDSS), California Office of Emergency Services (CalOES), and the Governor's Office (GO) have all become engaged partners. These partnerships created essential bridges between government and community organizations. TTH-funded activities also brought together community-based organizations and local health departments in new ways, further strengthening their collaborative work in priority communities. Some CBOs and local health departments have formed coalitions that promise to continue into the future.

TTH activities, meeting spaces, and funding fostered a rich breeding ground for partnerships to form. Funded partners and local health department representatives shared numerous examples of partnerships that would not have been formed without TTH activities and funding. For example, CBOs made connections in TTH spaces such as learning communities and office hours, and went on to foster those relationships, connecting with one another to share resources. There are many examples of CBOs with relationships to local cultural groups partnering to spread awareness of vaccine opportunities in culturally accessible ways. TTH funded activities also facilitated local partnerships between CBOs and private businesses, such as pharmacies, vaccination units, the agricultural community, and transportation agencies. In summary, CBOs shared that their partnerships with one another enabled them to reach far more people. Examples of some partnerships that resulted from TTH include:

-  Partnerships with **other CBOs** to share technical resources such as translation, transportation, incentive information
-  Partnerships with **local entities** such as pharmacies, vaccination units, local health departments
-  Partnerships with local **cultural groups** to get word out to specific communities, e.g., Afghan, Syrian, Palestinian communities, etc.
-  Partnerships with **agricultural groups**; farmworkers, farm owners
-  Partnerships with **faith-based groups** to reach community members through them

"With TTH, we were able to collaborate with organizations that we never would have reached out to... These are organizations that we never would have partnered with had it not been for TTH. Now, they know who to call if they have families that they're not sure what dialect they speak and we can assist them with that and then vice versa." – CBO



Government partnerships resulted in greater collaboration and more resources for communities. The collaboration between TTH staff and various government agencies has been mutually beneficial for both entities. As one PHI staff member described, "We are also supporting the essential bridges between government and community organizations to more successfully meet the needs of community members now and hopefully into the future. Included in this has been our partnership with the Governor's office, CDPH, Office of Emergency Services, and others along the way to share information, resources, and opportunities. This too, is a great example of the power of collaboration across sectors." As a result of these successful partnerships TTH staff have been able to provide additional resources and timely information to community partners.

Relationship-building and trust-building have been essential components of the partnerships fostered by the TTH initiative. Local health departments and community-based organizations credited this initiative with facilitating a shift in the traditional power dynamics between these groups, which they view as a critical component in effectively reaching impacted communities. Local health departments shared that they saw clear benefits from relying on CBOs as trusted experts to arrive at solutions. Both the health departments and CBOs commented on the importance of having local health department representatives in TTH spaces in “listening mode” so that they could hear CBOs describe their work and showcase their expertise.

In addition to more tangible benefits, TTH strengthened relationships between local health departments and CBOs in less concrete ways. Collaboration allowed CBOs to connect with those in public health working on the COVID-19 response and build personal connections with one another. The TTH initiative catalyzed relationship-building, increasing trust and communication, and reducing siloed efforts. Local health departments were able to learn about the challenges CBOs had experienced with government agencies in the past, and work to overcome those barriers.

"I feel like this grant has been transformational not only for our agency and the relationships that we built internally but also the community relationships that we built. But it's also **really been a step towards us helping to build capacity in our region.** And it wouldn't have been possible without this grant to get this group of people in the room every single month and then having these Southern California seminars. So I feel like the grant was just honestly phenomenal and in so many different ways."

- CBO

"We are now **poised to morph into a health equity alliance** to tackle other health initiatives, whether that be chronic disease, whether that be emergency response, or whether that be language justice."

- Local Health Department

TTH led to the formation of new networks and coalitions that will continue to promote collaborative efforts to address community needs.

CBOs and local health departments expressed their interest in continuing their partnerships on other public health initiatives beyond the focus of the TTH initiative, with several sharing that they anticipate continuing to collaborate into the future with nonprofits and partners they normally would not have worked with.

"I feel like that's another really beautiful impact: that **we are a multiracial diverse group of organizations that have banded together to really make an impact** in stopping and slowing the spread of COVID in very marginalized communities." - CBO



TTH was designed to prioritize counties where underserved communities facing systemic inequities made them more vulnerable to the worst COVID-19-related outcomes. Specifically, TTH aimed to reach CBOs serving Black, Indigenous, People of Color (BIPOC), LGBTQ+, older adults, youth, low income communities, people with disabilities, people with limited access to healthcare including those without insurance or underinsured, and essential workers of historically marginalized groups (see page 5 for a demographic breakdown).

There are multiple ways in which TTH intentionally centered equity throughout the initiative. According to contributors, these practices are uncommon in other funding opportunities yet were essential to reducing the impact of COVID-19 in BIPOC and historically marginalized communities. The result has been a capacity-building effort, practice, and network that contributors hope can be replicated to impact other public health disparities.

TTH prioritized interventions to BIPOC and historically marginalized communities where COVID-19 related needs were exacerbated by existing health and economic disparities.

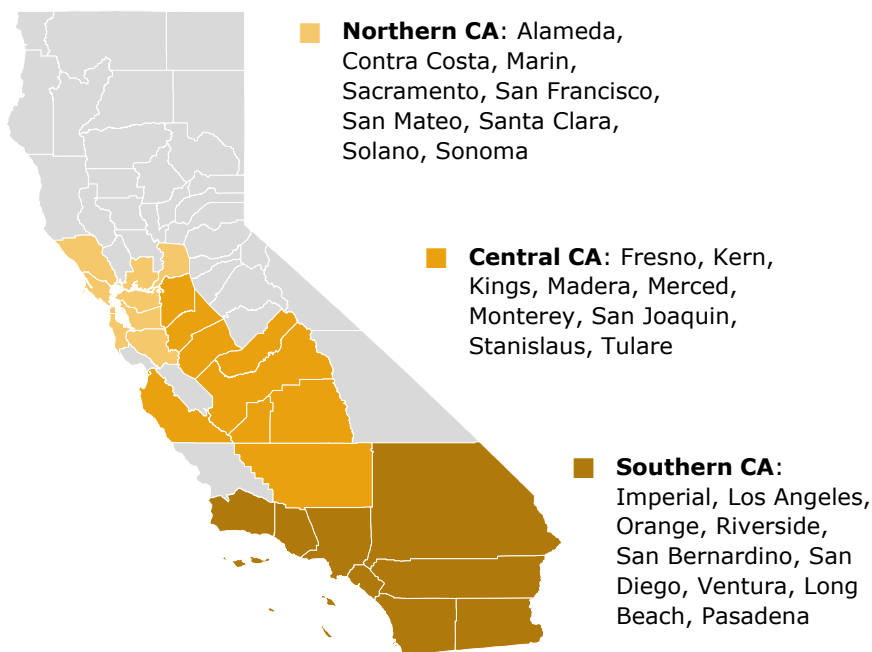
At the beginning of the TTH initiative, PHI used public, secondary data aggregated from the [California Healthy Places Index \(HPI\)](#) to identify priority counties across Northern, Central, and Southern California. They pinpointed counties where population-level trends regarding COVID-19 impacts and underlying health and economic indicators demonstrated a high need for supports and services.

Data indicators used to prioritize TTH funding

- COVID-19 indicators, such as COVID-19 case rates, death rates, and testing rates
- Social determinants of health indicators, such as data on COVID-19 vulnerable populations and associated health risk factors
- Demographic indicators, such as data on race/ethnicity data, education level, and other social and economic indicators.

Informed by these data, TTH initially focused on funding 27 priority counties, as well as statewide tribal and Native American areas. Additional geographic areas were added on a rolling basis.

TTH Priority Counties



Note: 27 counties identified at onset of TTH initiative. CBOs located in additional counties including Placer, Shasta, Santa Barbara, and San Luis Obispo were added at a later point

“Especially for...rural communities of color in the valley, when we talk about health equity, also **naming the historical context as to why our farm working communities of color lack access to health insurance** ... If you're undocumented, your health is impacted. If you're a person of color that is criminalized by law enforcement, your health is impacted. If you're a young person that is in foster care and attends public schools, your health is impacted. And so, for Central Valley, we really want to make sure that when we name equity and health equity, that we use this broader framework that includes the social determinants of health.”

– CBO

TTH designed a CBO selection process aimed at inclusion and focused on hard to reach communities and those not widely represented in existing health systems. TTH leveraged existing networks within PHI, solicited input from funders, and more importantly, worked with local health departments to identify community organizations with ties to underserved communities in order to invite them to become funded partners. TTH leadership and regional managers engaged in direct conversations with LHDs to learn about how COVID-19 was impacting the area, the response to date, and who known partners were. Most county LHDs were receptive and engaged in identifying organizations that should receive funding.

After TTH gathered a list of CBOs from LHDs, in most cases, TTH staff directly contacted them to invite them to participate and offered extensive technical assistance during the grant application process. The technical assistance was especially important for smaller CBOs that were overwhelmed with efforts to provide direct assistance to their communities and had limited staff capacity, time or experience to support the grant application process. TTH staff provided language translation, technology guidance and troubleshooting, and step by step instructions for completing the funding application, a support that is not typical in the grantmaking process.

“The most impacted communities don't actually always get served because maybe they weren't the representative group in terms of size. So what I appreciated was [TTH's] willingness to be so specific...understanding that different race ethnicities...so many cultural nuances that have to be addressed, and that the only way, really, to be targeted is to willing to call that out and say it, and say, we want you to focus on the African-American population... [TTH] were willing to be laser-focused on specific impacted populations.” – CBO



TTH extended flexibility throughout the grant management process, making it easier for community-based organizations to participate. Many funded partners were smaller organizations that did not have the infrastructure to participate in government or foundation funding opportunities. However, these organizations possess critical strengths and expertise (such as local representation, trust, and partnerships) to help them reach their communities. The TTH funding application process eliminated many parameters of typical funding options, such as proof of specific types of insurance, documented financial history, or experience tracking data. These changes made it possible for smaller organizations to participate. This approach to simplifying the criteria for funding was so unusual that even larger organizations with a history of pursuing government or foundation funding had never encountered it before. The TTH funding approach ensured a diverse group of organizations could obtain the resources they needed to provide equity focused strategies in their communities and could use them in ways most tailored to local needs. Ultimately, the TTH funding approach gave organizations the freedom they needed to do their work in an equity-centered way. In one powerful example, a CBO used its TTH funding to pay a Native American elder who had participated in TTH-funded programming with the desired and culturally relevant form of compensation – tobacco. Non-monetary payment like this would not have been permitted in grants from most government or foundation sources.



When funded partners became a part of TTH, they gained a powerful seat at the table with traditional decision makers such as Local Health Departments. Many LHDs understood that to be effective at reducing COVID-19 related health disparities, they needed to collaborate with smaller CBOs on successful and culturally specific messaging and outreach strategies. Some funded partners represented communities whose historical and current experiences had reasonably resulted in fear and distrust of government entities and authorities. Through facilitated exchanges such as TTH's regional office hours, LHDs received feedback on how to improve their strategies to ensure they were culturally relevant to and respectful of the communities they were trying to reach.

For example, communication with CBOs uncovered problems with a local health department's initial plan to set up vaccination sites aimed at undocumented persons at the same place as a previous Immigration Customs Enforcement (ICE) raid. In rural areas, CBOs helped LHD representatives understand that public transit was unreliable and thus would not allow intended residents to reach vaccination sites. For CBOs that already had working relationships with LHDs, having funding from a separate entity let them feel less restricted in providing honest feedback. While not all LHDs and funded partners developed positive dynamics, many communities and LHDs forged meaningful new relationships. Several LHDs and CBOs have stated their intention to build upon the partnerships enhanced and developed by TTH to continue addressing health and social inequities in their regions.

"We didn't come up with the plan, none of the government people did. **It was the CBOs who talked with their communities that had been really looking at what the impacts were, and they came back-- they came forward with that plan...**all our department did is we added administrative pieces, metrics...core community response came from the community itself. And that's why I think [TTH has] been so successful. And how we've been able to serve so many people and get so many people vaccinated in a very difficult part of California it's because of that...And then we need to be able to listen."

– Local Health Department

Funded CBOs' extensive tacit knowledge and lived experience was instrumental to TTH efforts to reach underserved communities. Funded CBOs were staffed and led by communities they were representing. Because these local leaders informed TTH prevention and intervention activities, the activities were more effective at reaching individuals needing resources. CBOs used TTH funding to support a wide variety of activities such as COVID-19 outreach and education, PPE distribution, testing, as well as vaccination information, access and administration, and advocacy. CBOs used their knowledge and understanding of the community to deliver messages in culturally appropriate ways. CBOs reached their communities in many ways that an outsider could not using strategies such as incorporating community-specific messages and language into outreach materials and events and conducting focused outreach via follow-up phone calls to individual community members.

CBOs shared that they were confident their work had increased the number of community members tested and vaccinated, and improved health outcomes. Deeply rooted inequities from longstanding systemic racism and impacts of underinvestment of priority populations became clear early on as COVID-19 widened the gap in health disparities. TTH partners were essential to ensuring vaccination resources went directly into marginalized communities in ways that were accessible and equitable. Funded partners engaged in strategies that reduced barriers to COVID-19 vaccination, testing, and information access for many different communities, including rural, disabled and undocumented communities. The following list demonstrates the many different types of activities that funded partners engaged in related to the objective of reducing the spread of COVID-19.

TTH Funded Activities*

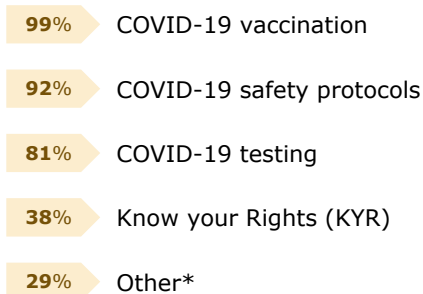


*Percentages are not mutually exclusive

**Other activities such as hosting testing and vaccination sites, phone banking and outreach, targeted mailers, digital newsletters

CBOs played an important role in addressing concerns about the vaccine, particularly in communities with legitimate skepticism of government-related interventions and multiple sources of misinformation. Community members that changed their opinion of the vaccine or became more open to the idea shared with CBOs that using trusted community leaders for outreach helped dispel misinformation and build more trust. Other methods that CBOs used to combat vaccine skepticism included shifting to more time intensive tactics, such as providing multiple touchpoints, to give individual community members the support and information they needed to be comfortable obtaining the vaccine. Through these touchpoints, organizations communicated multiple messages in each encounter, continuing to provide education about COVID-19 testing, safety protocols, COVID-19 relief opportunities, and referrals to community resources.

Information topics communicated by CBOs



*i.e., mental health, access to health care, rental assistance, legal support, PPE training

TTH invested in public health capacity building for BIPOC and historically marginalized communities. Groups prioritized by TTH have experienced underinvestment, resulting in health disparities across their communities' public health infrastructure. Funded partners shared that TTH helped them build capacity to other public health issues through the ongoing learning and collaboration opportunities offered to them. CBOs took advantage of free TTH professional development, trainings on various topics and expanded community health worker/promotores networks. They also shared that they used TTH funds to pay for additional trainings for their community health workers. Examples of professional development topics included introductory training in mental health and program evaluation training for community-based organizations.

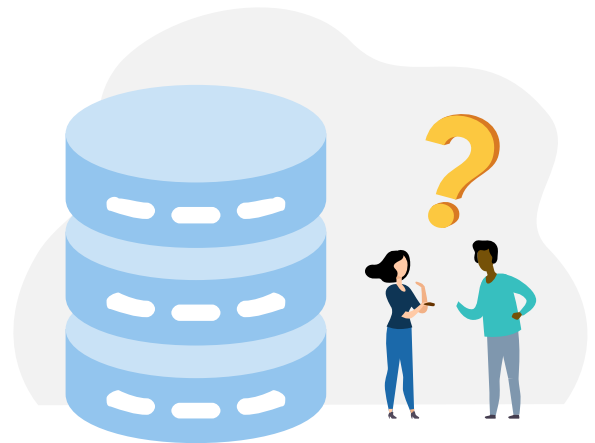
Challenges

All partners that participated in TTH experienced different types of challenges related to the initiative's implementation. Two primary challenges arose as high-level themes: the unpredictability associated with the ever-changing pandemic and the lack of reliable data. Future report briefs will explore these and other challenges in more detail.

Despite well-designed COVID-19 interventions by TTH funded partners, the evolving context of the pandemic brought challenges. TTH staff, funded partners, local health departments, and funders agreed that the most common barriers to achieving TTH goals included the rampant spread of misinformation, distrust of government and medical institutions that led to COVID-19 skepticism and vaccine hesitancy, and navigating rapidly changing guidance from public health authorities. Further, TTH communities faced difficulties associated with serving marginalized groups. Namely, partners cited equity concerns with vaccination roll-out and the Delta and Omicron variants disproportionately impacting underserved communities. Unreliable testing for COVID-19 also created challenges early in the pandemic and continued to pose a barrier to understanding the spread of the virus. Lastly, funded partners began to experience burnout and the effects of trauma amongst their staff and community members as the pandemic dragged on.



The lack of reliable quantitative data made strategy and decision-making challenging. Funded partners, LHD, funders and TTH staff shared they had difficulty finding reliable population-level, quantitative data to inform their decisions. The Healthy Places Index (HPI) data was integral in selecting priority counties for TTH. However public health experts acknowledged that many secondary data sources may not fully capture the disparities faced in communities. Throughout the pandemic, many communities reached did not want to provide information and several CBOs shared that they believed their local health departments did not have an accurate count of the toll of COVID-19 in their community. For example, a homogenous, ethnic community in Northern California had to ask the LHD to correct their data after noticing that the data had not accurately captured the COVID-19 fatalities for their community. While the availability of accurate quantitative data remains a challenge, it is among the reasons that this evaluation employed qualitative data collection methods to understand the breadth of TTH impact.



Recommendations and next steps

Accomplishments to date provide key insights into how to replicate the Together Toward Health model and considerations for tackling current and future public health challenges.



Explore ways to infuse flexibility and trust into funding opportunities: Funding with limited restrictions allowed organizations to quickly test and implement new strategies. Funding that centers on community organizations as experts on community needs helps ensure that services are equity-focused and community-driven. Additionally, finding ways to allow flexibility in how funding is used allows organizations to use strategies and tools of their choosing to effectively reach and engage community residents such as providing interpretation and translation services and providing incentives.



Provide support and capacity building to smaller community-based organizations: Local and often smaller organizations are critically in tune with community needs and can activate networks, mobilize efforts and tap into existing trust to reach specific groups much more quickly and effectively. However, these smaller scale organizations do not often have the infrastructure to respond to traditional funding requests, complete reporting requirements, or meet the administrative requirements of the funding such as carrying proper insurance. Smaller organizations may also need technical assistance and support to complete forms and other documentation necessary for funding. Even with TTH's reduced reporting requirements, some organizations still needed support, particularly if staff spoke a language other than English or relied on volunteers or staff who were new to grant applications and funding requirements.



Look for ways to expand the role of Community Health Workers: TTH partners were essential in bringing public health information, COVID-19 prevention resources, and vaccination to communities across California, with Promotores and community health workers playing key roles. Multiple efforts underway across California aim to expand community health programs and build vital infrastructure to respond to future public health crises. In addition to funding CBOs to continue their community health work, efforts to support local health departments to reduce barriers associated with directly hiring community health workers from the community will further expand the reach of this important approach.



Support capacity of Local Health Departments: LHDs faced a substantial barrier of overcoming community mistrust of traditional public health, particularly in communities where there hasn't been a strong track record of working with all communities and where the public health department played a role in citing or shutting down businesses that did not follow stay-at-home orders during height of the pandemic. Many local health departments are using reflections from their own pandemic response and lessons learned from TTH to adapt their practices to be more community and equity-centered. Capacity building grants and partnerships can help expand and amplify these efforts.

Together Toward Health continues to play a vital role in the COVID-19 response. TTH was originally designed to provide funding through November 2021, with the hope that by then, the pandemic would be coming to an end. At the end of 2021, however the pandemic was far from over. COVID-19 cases and hospitalizations were rapidly increasing due to the Delta and Omicron variants, vaccination rates continued to be low in many communities, and residents needed information about how to access boosters, as well a newly approved vaccine for children ages 5-11. Given these ongoing needs, TTH was able to bring in additional funding that has allowed strategic funding to continue for core organizations where the needs remain the greatest. Currently, TTH continues to administer awards for 136 organizations in Northern, Central and Southern California to ensure ongoing support in those communities.

As TTH continues, the evaluation team will develop additional report briefs that delve further into the themes discussed in this report, as well as highlight successes and challenges of the ongoing work. Additional report briefs will hone in on specific topics that elevate additional ways that TTH staff, funders, LHD and community members can use the lessons from Together Toward Health to continue to mitigate the impact of COVID-19 and strengthen other public health efforts.