



TOGETHER
TOWARD HEALTH

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IMPACT REPORT 2022

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Why Together Toward Health Exists



“ I think one of the most important aspects of the TTH approach has been ensuring that we’re reaching some of the hardest and most underrepresented populations. And doing so in a way that builds trust with the community. ”

— Shaheen Kassim-Lakha, DrPH, Director of Strategic Partnerships, Conrad N. Hilton Foundation

By August 2020, the COVID-19 pandemic was wreaking incredible damage to California communities. The daily number of new COVID cases had risen by 150% over the summer, and new deaths had more than doubled.¹ More than 2 million were unemployed.²

The communities hardest hit by COVID-19 — communities of color, indigenous communities, rural communities, under-resourced communities, agricultural workers, those who are LGBTQ+, and others — have long been systematically marginalized and excluded in many aspects of society, including the public health system. They faced major health inequities that existed long before COVID and were only made worse by the pandemic.

In response, more than two dozen funders and philanthropic organizations joined together with Public Health Institute to create **Together Toward Health**, a collaborative initiative designed to close equity gaps exacerbated by COVID-19 and support equitable recovery across our state’s diverse communities.

The challenges were daunting. The public health sector was not fully connected with historically marginalized communities. Greater cultural competence and outreach from trusted messengers were needed to work with communities who lacked access to or faced barriers in accessing health information and services.

Dealing with these issues in one region would be challenging. Doing so in the largest state in the U.S. — covering urban, suburban, and rural

communities with vastly different needs and cultures — required something different from the traditional grantmaking approach.

Together Toward Health (TTH) worked with local health departments to identify and fund community-based organizations (CBOs) that focused on the communities most impacted by the pandemic, while providing other needed support to maximize impact. Our strategies included:

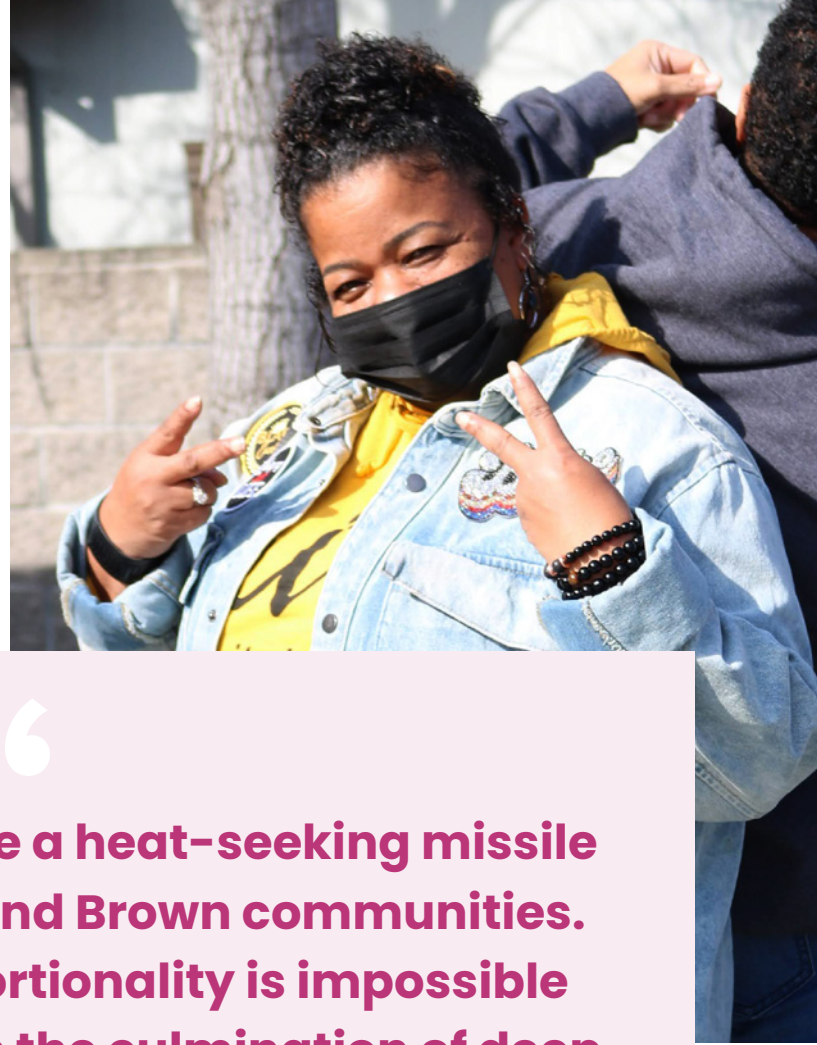
- Supporting organizations that are based in and understand the communities they serve.
- Providing fast and flexible funding.
- Building collaboration between local health departments, CBOs, and funders.
- Supporting culturally-relevant awareness and outreach.
- Creating an information-sharing and collective learning infrastructure.
- Building the workforce supporting community health and CBOs.

In two years, we granted more than \$33 million reaching over 548 CBOs, supporting everything from vaccine outreach and education to language support, transportation, food distribution, and more.

Collaborative, trust-based approaches can provide equitable, sustainable, community-led partnerships today and beyond the pandemic. We are pleased to share with you the impact this partnership has helped create and the lessons we have learned along the way.

¹ <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/california>

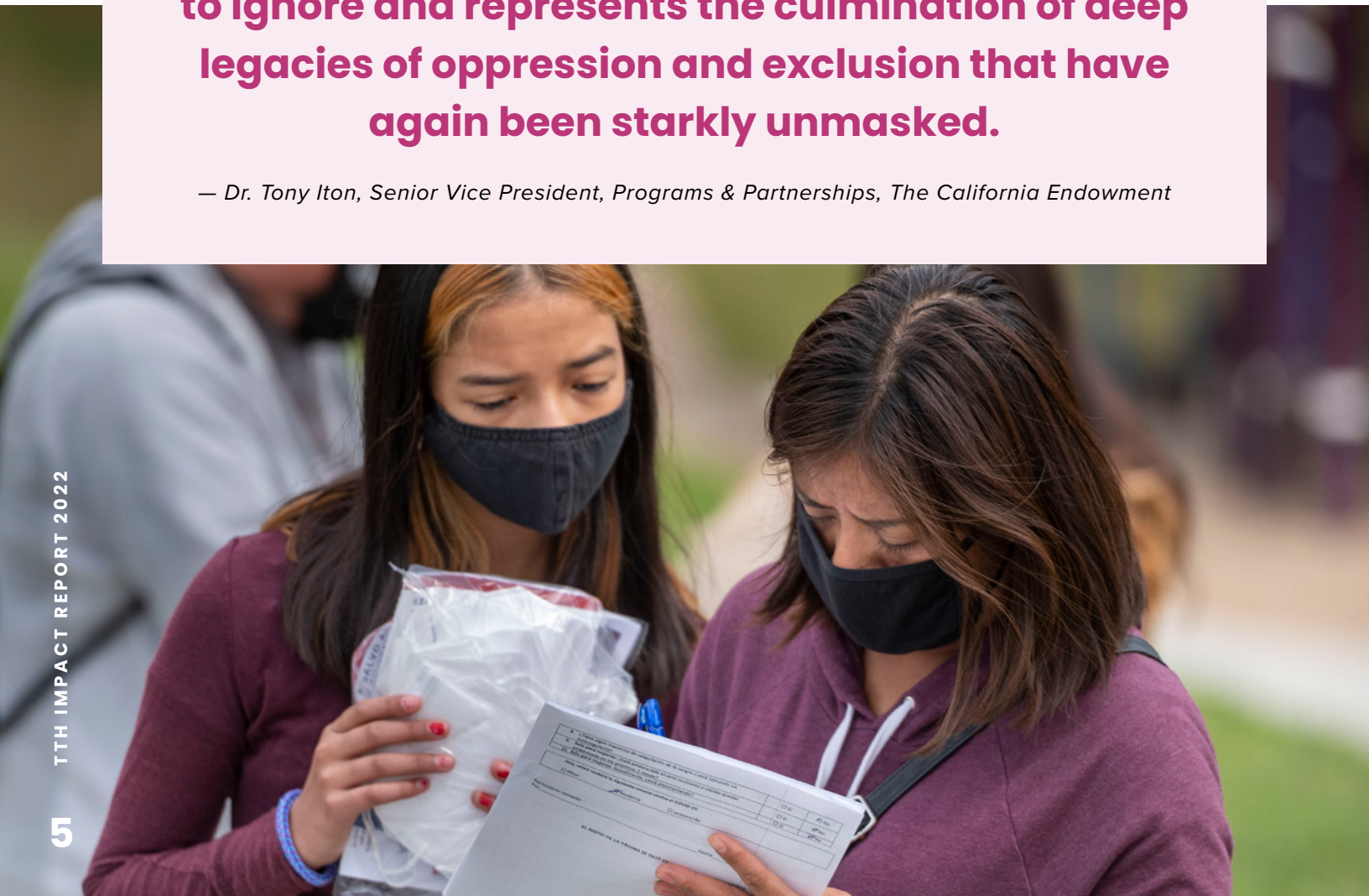
² https://www.bls.gov/news.release/archives/laus_09182020.htm



“

COVID-19 has moved like a heat-seeking missile into California’s Black and Brown communities. The racialized disproportionality is impossible to ignore and represents the culmination of deep legacies of oppression and exclusion that have again been starkly unmasked.

— Dr. Tony Iton, Senior Vice President, Programs & Partnerships, The California Endowment



Banding Together to Address Health Inequities in California

At a time when these health equity gaps were exponentially widening, Together Toward Health was formed to bridge these gaps in the diverse communities of California that were hurting the most.

TTH SERVED POPULATIONS OF HIGH NEED INCLUDING:

- Farmworkers & agricultural workers
- Immigrants & refugees
- LGBTQIA+
- Low income
- People with disabilities
- People experiencing homelessness
- Rural communities
- Seniors
- Undocumented
- Uninsured
- Youth

TTH SERVED DIVERSE GROUPS INCLUDING:

- African American/Black
- American Indian/Indigenous
- Asian American
- Latinx
- Multi-racial
- Native Hawaiian/Pacific Islander
- White

Snapshot of Together Toward Health's Impact

FUNDING



\$33M
committed
toward health



251
awards
approved*



548
community
organizations
activated

* The 251 awards approved includes all individual awards processed by TTH. Some organizations received more than one award.

GRANTEES BY REGION



Regional totals may add up to more than the total number of grantees due to organizations that work in multiple regions.

34 LOCAL HEALTH JURISDICTIONS SERVED

Northern CA: Alameda • Contra Costa • Lake • Marin • Placer • Sacramento • San Francisco • San Mateo • Santa Clara • Shasta • Solano • Sonoma • Sutter • Yuba

Central CA: Fresno • Kern • Kings • Madera • Merced • Monterey • San Joaquin • Stanislaus • Tulare

Southern CA: Imperial • Long Beach • Los Angeles • Orange • Pasadena • Riverside • San Bernardino • San Diego • San Luis Obispo • Santa Barbara • Ventura

COMMUNITY IMPACT

Since the beginning of the pandemic, TTH grantees have:



Hosted pop-up and mobile testing and vaccination clinics as well as informational workshops.



Arranged transportation for communities to access vaccines, testing, and health care.



Hired permanent staff such as Promotoras to support communities with COVID-19 response and recovery.



Provided much-needed direct services like food distribution, access to technology, masks, PPE, employment training and resources, and more.



Educated communities about COVID-19 testing and vaccination, safety protocols, accessing health care, mental health, Know Your Rights, rental assistance, legal support, and more.



27,021,085
individuals reached



4,443,820
families engaged



953,734
individuals assisted
with vaccination



531,087
individuals supported
with testing



265,865
individuals assisted with
workforce development

Community-Based Organizations Are Public Health

Bringing about health equity requires more than just sufficient funding. It requires community-based organizations (CBOs) that are woven into our society.

Community centers, faith groups, volunteer organizations, after-school programs, and other CBOs **understand who their communities are, what they need, why barriers exist, and how to break through** to reach their communities in their time of need. They are also made up of people from their communities, which is crucial to establishing the trust needed to do this work effectively and for which there are no shortcuts.

This deep understanding leaves CBOs best positioned to spot challenges, identify emerging opportunities, and develop new approaches for public health that are culturally and linguistically tailored to their communities.

Together Toward Health and our funders supported 548 CBOs across the state to fill in gaps of COVID response and recovery efforts that would have been impossible for state- and county-level public health agencies to cover alone.

The CBOs we funded showed up for California's diverse communities, many of which faced unique challenges.

They brought vaccine clinics to farmworkers at their jobs and partnered with Uber to give residents free rides to vaccination sites. They helped educate

and provide resources in 68 different languages across the state, including nine indigenous languages, and they helped communities of color overcome generations of distrust in government and health institutions through deep canvassing and by employing health workers from those same communities.

CBOs are not just a part of the public health system in California. They are the crucial puzzle piece for filling in health equity gaps in our system.

That's why they should not be tokenized by others in public health. CBOs must be included and trusted as real partners with seats at the table who shape, implement, and drive public health solutions.

CBOs are the most effective at creating impact in their communities because they are their communities. Instead of bringing their work to the community, they bring the community to their work and their workforce, creating a sense of connection, understanding and shared investment with the people they serve.

This philosophy was core to Together Toward Health's approach from the beginning. And the impact our grantees made in their communities reinforces a fundamental truth — **CBOs are the ultimate bearers of equity work.** They are on the ground every day, responding to their communities' needs, whether or not we are in a global pandemic.



HOW GRANTEES SHOWED UP FOR BLACK LIVES:

LISTEN AND ACKNOWLEDGE

"I remember one woman I spoke to at least three times before they decided to get vaccinated. And she told me how much she appreciated that I never judged her in that process, just answered her questions and trusted her with the information she needed. And as a result, they got the vaccine and brought their family and relatives to get vaccinated too."

— Lisa Tealer, Executive Director, Bay Area Community Health Advisory Council

INFORM AND EMPOWER, WITH PATIENCE

"In all our materials, advertisements, and work, it all goes back to our learning that our COVID efforts have to be grounded in overall health and agency, and helping people make their own decisions about their healthcare."

— Shantay Davies-Balch, President & CEO, Black Wellness and Prosperity Center

PRIORITIZE REPRESENTATION

"It brings tears to my eyes just thinking about it. We were on the front lines from the beginning of the pandemic, setting up the first testing site in the county and serving the hard-hit African American community... We're a community of givers here, we show up for each other."

— Dr. Arleana Waller, Founder of MLKcommUNITY

Spurring Innovation and Impact Through Flexible Funding

At the onset of the COVID-19 pandemic, Together Toward Health quickly identified the power community-based organizations could have in reaching the diverse communities throughout California with reliable health information and resources that would save lives. But traditional grantmaking processes like onerous application processes or reporting requirements threatened to delay much-needed support and derail innovation. We needed to approach giving differently to make an impact and slow the spread of COVID-19 in our most vulnerable communities.

Together Toward Health worked with our funders to create a pooled grantmaking fund that could be distributed quickly and in flexible ways:

- We sought to remove barriers from the grantmaking process by **simplifying the application** from the standard eight pages to a maximum of two and by **streamlining reporting**, sometimes working directly with grantees to fill out report submissions.
- We worked to **distribute money quickly** with a percentage of grant funds sent immediately, so cash-strapped CBOs wouldn't need to front costs.
- A pooled fund also allowed for **greater overall investment** from a diversity of funders, many of which would not have been able to fund this work by themselves.

Most of all, **we trusted our grantee partners to serve their communities in the ways they knew worked best**, with limited restrictions on what they could purchase or do to help their communities stay safe or recover from COVID. **Giving grantees flexible support and the space to do what they do best led to incredible creativity, responsiveness, and impact in communities across California.**

The benefits of this approach aren't just administrative. Getting funds out in weeks, rather than months, saved lives. Local health departments and government funders are often bound by complex requirements that slow the process of applying for and receiving funding. Our flexible model allowed us to move at the speed of the pandemic, getting CBOs the funds they needed at the moment they needed them within 10–21 days and with the flexibility they needed to maximize their impact.

The experience of Together Toward Health demonstrates how flexible, trust-based grantmaking models can empower grantees to innovate and help funders expand their impact and place equity at the center of their work.

WAYS GRANTEES INNOVATED:



Expanding community access to vaccination sites by providing transportation, language support, and even shade tents for mobile pop-up clinics.

Hiring, training, and paying community health workers to expand capacity and reach.



Using culturally-relevant approaches, such as engaging elders in Native communities to discuss how COVID safety guidelines could interact with traditional ceremonies and rituals.

Addressing vaccine hesitancy through creative approaches like an educational superhero comic and short film, original songs, social media outreach “parties”, partnering with a Grammy-nominated musician, and offering free showers and hygiene supplies alongside vaccines for unhoused residents.



“ The TTH funding really let us get on the ground. We were in a crisis, so if you have to spend a week doing paperwork, that’s a week we weren’t able to get out to get people scheduled for vaccination and testing. [Time] could be the difference between whether people die or live in our community, so flexibility was everything. ”

— Felisia Thibodeaux, Executive Director, Southwest Community Corporation

Intermediaries Can Be More than a Grantmaker

At the core of TTH is the idea that support for grantees begins with funding, rather than ending there.

By building partnerships and providing ongoing support, we helped our partners stretch grant dollars further to expand their reach and impact.

TTH was more than a grantmaker. We also served as convener, connector, facilitator, thought partner, and problem-solver.

To realize the vision of our funders, TTH needed to adapt our roles and strategies to fit the needs of vulnerable communities. At a time when crisis was an everyday occurrence, grantees needed us to step up and help fill the gaps.

“**With TTH, we were able to collaborate with organizations that we never would have reached out to... 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



BUILDING RELATIONSHIPS AND PARTNERSHIPS

Addressing health inequities across diverse communities relies intensively on relationships. A local faith organization might be the only public entity with the access and ability to meet the language needs of local farmworkers who speak indigenous languages, for example, while the local health department may be the only entity with the ability to administer vaccinations or distribute masks. Building bridges was therefore essential. TTH convened monthly county meetings, held regional office hours, and created learning communities in which CBOs, local health departments, funders, and others could share best practices and discover opportunities for alignment. As a trusted partner, we fostered open communication, creating essential connections that enabled life-saving support to reach communities who needed it most.

GRANTEE SUPPORT

Our multi-faceted approach to providing support was baked into the TTH model, with regional project managers who dedicated their time to providing ongoing support for grantees. If CBOs lacked resources or staff capacity, we helped them fill gaps. Our grantee support included:

- **Connecting organizations with crucial needs**, such as transportation, translation, and expertise with specific communities.
- **Facilitating partnerships with local entities** such as health departments, pharmacies, vaccination units, and the agricultural community.
- **Sharing funding opportunities** and highlighting their work to potential funders.
- **Providing professional development and training** opportunities to expand CBOs’ capacity and sustainability.

“**Learning communities provided a space for organizations to share best practices, workshop new ideas, and discuss challenges with others they may have never had the opportunity to meet.**”

— Tiffany Angeles, TTH Regional Project Manager

**TTH BUILT
CROSS-SECTOR
RELATIONSHIPS
AND PARTNERSHIPS
BY HOSTING:**

34
kick-off calls with local
health departments

104
regional office hours
for CBOs

31
learning community
meetings with a focus
on different populations

130
professional
development and
training opportunities

To Promote Sustainability: Build Capacity, Relationships, and the Workforce

The equity gaps that already existed in our public health systems before the pandemic were made drastically worse by COVID-19. The pandemic required an all-hands-on-deck approach from government, funders, and CBOs to address the health inequities in communities throughout California. Together, we were able to tailor our approaches to meet the unique needs and circumstances of each community and provide life-saving support where and how it was needed most.

But the work does not end here. The impact of COVID-19 will be felt in our communities for generations. With the future of public health in mind, Together Toward Health intentionally prioritized strategies that would continue to benefit communities for years to come. They included:

- **Expanding the capacity of CBOs** and their staff to sustain and continue health equity work even after pandemic-specific funding ends.
- **Building strong relationships and partnerships** between communities, CBOs, local health departments, funders, and other stakeholders that will continue to yield productive outcomes and collaborative solutions to stubborn and pervasive health equity issues like childhood obesity or access to mental health supports, and to new challenges as they arise.
- **Developing a public health workforce** made up of people from the community who have a stake in its future and can understand and are trusted by their neighbors.

Together Toward Health and our partners helped establish a health equity infrastructure where there previously were major gaps, but there is still a long way to go. To create a public health system that works for all communities, regardless of ZIP code or circumstances, we must continue to invest in health equity.

TTH Expanded CBO Capacity

TTH and our partners hosted trainings for CBOs on grant writing, fundraising, mental health first aid, media relations, advocacy, lobbying, community health worker certifications, and more.



59%

of TTH grantees hired full- or part-time positions

41%

hired permanent positions



TTH Strengthened Relationships

Coalitions of TTH grantees and local health departments in regions like Orange County are now continuing to meet regularly to address broader health equity challenges in their communities.

TTH connected CBOs across the state through virtual monthly learning communities to coordinate, collaborate, learn, share, and discuss new ideas focused on supporting specific demographics and groups.



TTH Supported Workforce Development



265,865

individuals have been assisted with workforce development initiatives, such as one-on-one support, coaching, resume development, and trainings.

Examples of place-based workforce development impact:

The Worker Education Resource Center in LA helped COVID response workers secure permanent employment.

The San Diego Workforce Partnership trained residents to start a career in the behavioral health field.

The Valley Center for the Blind connected people with vision loss in the Central Valley to businesses looking to increase capacity.

Keeping the Promise of Equity

In responding quickly to an unforeseeable global catastrophe, the funders of TTH brought incredible clairvoyance. They practiced novel grantmaking methods that bucked the norms of philanthropic giving and challenged traditional top-down, institution-led thinking. They had the heartfelt sense of purpose to be willing to reimagine existing bureaucratic procedures and requirements in order to prioritize achieving equity and saving lives.

Our success came down to two things: Trust and flexibility.

The TTH work and process showed us what's needed to chart a more equitable and healthy future in California and far beyond. We know it will be essential to embrace ambiguity and quickly shifting priorities, and most importantly, to listen and let community-rooted organizations who are doing the work lead.

We must challenge our field to embrace trust.

Critically, we learned that effective health equity work is rooted in how community members live, located where they are, organized by people they trust, and offered in the languages they speak. And that we can ensure all of these things, by letting community organizations take the lead and trusting them to make decisions about what they need and how to allocate their funding effectively.

We must challenge our field to embrace flexibility.

Funding institutions, when they approach it intentionally, can accommodate and incorporate the needs and day-to-day realities of small, resourceful, grassroots organizations and groups into the design of funding opportunities and partnerships. It certainly requires doing things differently. Our approaches look different when we design them around the working lives of organizations with limited staff, those who work in the field, who may not consistently use email, may not speak English fluently, or have other needs that don't enable them to easily meet typical funding requirements.

To carry forward the lessons we've learned from Together Toward Health, we must center true equity through partnership, and improve how government and public health collaborate with their communities.

A stronger, more connected public health ecosystem will not only better prepare us for the next crisis, it will help us build a healthier and more equitable future together.



Together Toward Health is made possible
by our funding partners:



WALTER & ELISE HAAS FUND



togethertowardhealth.org